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A HYPNOTIST'S CASE BOOK

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A HYPNOTIST'S CASE BOOK

by

ALEX. ERSKINE

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PREFACE

It is the fashion to apologize for books other than novels. I make no apology for the appearance of this book. To the best of my knowledge, no other book of a similar character exists to-day. Yet it seems to me that there is a definite need of one.

One has only to pick up the daily newspapers of any date to realize what an appalling amount of illness exists in England which might (as Dr. W. Brown, of King's College Hospital, London, said in another respect) be alleviated "by a wave of the hand".

The 'Personal' or, if you prefer it, 'the Agony' columns of the great daily papers contain, almost daily, appeals from sufferers of one functional ailment or another, to those who have been cured of their particular disability, for particulars of the methods practised. Doctors and others advertise that they can care for "nerve cases". The news columns recount numerous cases of suicide following nervous disorders. Tragedies follow loss of memory. The list could be multiplied indefinitely.

The greatest tragedy of all is that these cases—or at least an enormous proportion of them—could, in my belief, be cured by a judicious course of hypnosis. To such sufferers I want this book to be a message of hope. In it I have drawn freely on my experiences as a practitioner in the art of hypnotic healing, but I have attempted, in as non-technical a way as possible, to explain how and why the subconscious mind can achieve

such results. For by so doing I felt that I might best disperse the cloud of ignorance and superstition which for so long has denied to hypnosis that place in the art of healing to which it is entitled.

I do not put forward hypnosis as a quack remedy—a cure-all. It is not. It is a scientific fact. To what further end new research will lead, it is impossible to say. It is indeed improbable that the human mind will ever probe to the bottom of it; for the subconscious mind is of the essence of life itself, and to understand it fully might well be to wrest from Man the secret of Death and the power over it. But this book is not to that extent speculative. I have deliberately kept to facts within my own knowledge and practice. I have tried to show how easily this great science may be used by every man, woman and child in the world for his own benefit.

Those who would say that this is wild exaggeration, I would ask to withhold judgment till they have read this book. I have exaggerated nothing in it. I have tried to confine myself to facts, and if I have permitted myself at times to indulge in a certain amount of speculation, it is because I felt that such questionings would help those who are ignorant of the fundamentals of hypnosis to appreciate the more readily the undisputed truths which lie at the bottom of it, and to realize more fully its essential characteristics and possibilities.

That it may meet with criticism from the Medical Profession, I am quite prepared. For upwards of a quarter of a century I have been in opposition to that profession in respect of their attitude towards hypnosis.

There are signs, however, that a more enlightened outlook is beginning to prevail. Many physicians are themselves practising hypnosis. I have myself

instructed hundreds of doctors in its use. The trouble is that they do not apply it to innumerable cases in which it might be used, and when they do apply it they do not make the best possible use of it. They look upon it rather as a third or fourth weapon of attack in the medical armoury. Is it any wonder that they fail to get the best results, and that they consider it a failure, or at any rate, that its advantages are 'not proven'? The cause is to be found not in the science, but in the practitioners. Patients have come to me whom doctors have given up as incurable, and I have cured them—proof that the science is not to blame. On occasions I have worked in conjunction with doctors.

The ideal course, perhaps, is for medicine and hypnosis to go hand in hand. The chief difficulty in the way is the training; for a mastery of hypnosis is not to be attained lightly, and moreover, though the power is inherent in us all, it is not everyone who can evoke it. The idea is not, perhaps, as impracticable as it may seem. The General Medical Council of Great Britain has given its blessing to the science and art of hypnotism; already, as I have said, a new and broader outlook is becoming manifest among the more enlightened members of the Medical Profession. The diehard is slowly but surely disappearing. A more enlightened public may hasten his going.

ALEX. ERSKINE.

37B, Connaught Street,
W.2.

January, 1932.

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A Hypnotist's Case Book

CHAPTER I

INTRODUCTORY

Mesmer—Braid—America

HYPNOSIS is nothing new. It was known long before Greek civilization existed, or the foundations of the Pyramids were laid. It probably dates back to before the dawn of history. Over three thousand years ago it was cultivated and practised by the Hindoo Priesthood, who perpetuated its secrets and mysteries by divulging them only to carefully selected youths, destined to become priests in their turn, and impressed with the same urgency of self-preservation and secrecy as themselves.

It was a Viennese physician—Mesmer—who, in the latter part of the eighteenth century, may be said to have turned the attention of the civilized and thinking world to the subject of Hypnotism as we know it to-day—however slight that resemblance may be between his craft and our science.

Mesmer attracted the attention of the world in general, and the medical world in particular, by his claim to be able to cure illness and disease by means of what he termed "animal magnetism". His assertion was that vital magnetic fluid became stored up in living

bodies, and that living men could transfer it one to another in varying degrees of potency and reception.

Doctors have been conservative throughout the ages, and the Viennese physicians investigated Mesmer's claims—not in a spirit of prejudice—but with a desire for knowledge. Their reports were adverse.

Mesmer continued to practise the art as he understood it, but even he seems to have become satisfied that his claims went too far; for he began to surround his practice with trickery and showmanship, binding his patients in chains, and such things, and it is not to be wondered at that the art—if such it can be called—soon fell into disuse.

But the damage had been done. The charlatan and impostor flourished, preying on the ignorance and superstition of an illiterate public, till no reputable man could be associated with it.

But Mesmer had done one good thing. He had drawn the attention of a new generation to the age-old science. The new generation asked questions. It tried to sift the truth from the falsehood. The scientific mind was beginning to operate, and in the middle of the next century, Braid, a Manchester surgeon, carried hypnosis a step further. Braid recognized the science, but denied the magnetic influence; he dropped the name of Mesmerism, and replaced it with the term "hypnotism".

If our own researches and theories are proceeding on the correct lines (and if they are not I am unable not only to account for the advance which the science has made during the last half-century, but am at a loss to understand any of the manifestations experienced by myself and other practitioners in hypnosis), the possibilities of the science are far greater than anyone

not acquainted with the practice can venture to predict. It may be that this new science will revolutionize the art of healing; it may become allied to medicine in general practice, and not—as now—be condemned to remain the experimental adjunct of the few who are broad-minded enough to realize that medicine is perhaps, after all, the most incomplete science in the world to-day—using the words, that is, in their true sense—and that we know very little of the art of curing.

The same criticism may with truth be levelled at the art of hypnosis, but with less justification. Medicine has been recognized as a science—the craft of reputable men—but hypnosis is still under the shadow of imposture and quackery. Since the dawn of history the best brains have been enlisted in the medical profession. Scientists have given their lives in search of hidden truths which shall benefit humanity. Only recently has the study of hypnosis become an accredited pursuit.

The General Medical Council of Great Britain have at last given their sanction to the science, and it is not too much to hope now that the best brains of general and medical science will be at the service of this "new" agent.

It was Braid, then, who gave the old mesmerism a new lease of life. His new name for it showed that he was working on the right lines. His theories were eagerly adopted by other and independent investigators all over the world. Pierre Janet on the Continent, with the resources at his disposal, conducted the most thorough researches into the new theories, and advanced the art to an amazing extent. Liebault and Bernheim, also working on the Continent, laid the foundations of the school at Nancy, which has held sway ever since.

But it is to America that we owe the greatest

discovery in the science—a discovery without which hypnosis could never have progressed beyond the empirical stage in which it had been for so long, and which opened up possibilities yet undreamed.

America discovered hypnotism to be a mental science. She made it scientifically exact. Expert investigators made it as exact a science as, say, the laws of thought, chemistry, physics, medicine, or geology. Hypnosis became for the world another line of investigation in the researches into psychology. In America the truth has become a commonplace that the science can be taught to any person of ordinary intelligence. Theoretically, indeed, every person can teach it to himself, and every man who seeks, from whatever cause, to influence any other person, to a certain extent makes use of the fundamental principles of hypnotism.

The great simplicity of hypnosis is, perhaps, its most wonderful point. All of us have the power in varying degrees. Some have it more than others, as some men are able to learn music more readily than others. Nearly everybody can recognize "God Save the King", even if he cannot tell the difference between Bach and banality; and some men are power-houses of hypnotic force. In this book I shall stress from time to time this simplicity and universality of hypnotic power, for I believe that a true realization of that fact will do more to banish the old hampering superstitions than any other single factor. Nor shall I rely upon a mere repetition of the fact to prove the case. The conclusion will be drawn from the many cases given to illustrate the resources of the science.

Somewhat necessarily this book will be a record of personal experiences. The fundamentals of hypnosis

are so simple—*real* faith in oneself—that the mere statement of them would convince no one and could do no good. On the other hand, by a description of various cases which have from time to time been treated by me and by a telling of the details of the reasons of the cures (or failure to cure, as the case may be), I hope to illustrate the points of this great art in a way which shall be intelligible to all. It is in the variety of methods of its application that hypnosis is so miraculous ; and it is in this variety of methods that a message of hope lies for all.

I shall preserve the anonymity of my patients except where I have their permission to give their names, or where the Press has made an investigation of a case and has reported its findings. I shall invent nothing. There is no need to do so, and indeed I could not imagine events more wonderful than those I have experienced in my professional practice. Every case has its message of hope for some sufferer or other. That is my justification. I want to indicate what I believe to be the great truths of hypnosis, its theories and facts, to illustrate and explain the theories on which the science has been built up, to give the reasoning which led to their adoption, and sketch the trend of modern research in the subject.

It affects the daily life of the man in the street to an almost unbelievable extent. It must play a part in his dealings in his home, his business, or his public life. It is a fundamental of character. It is the essence of "Self". It has to deal with his bodily health and his peace of mind. It dominates his life. Such is the power which is inherent in everyone, and it is there for the conjuring up, if only a man believes and will approach the problem in the right way

CHAPTER II

THE DOMINANCE OF THE SUBCONSCIOUS MIND

The Duality of the mind—The function of the subconscious—The sleep-walker of Southend—Sir Arthur Conan Doyle's experiment—Some fundamental points of hypnosis—The case of Arnold Bennett—How a hypnotic sleep is caused—What ailments can be cured by hypnosis ?—A famous psychologist's testimony.

THE great truth which America taught the world when she established the fact that hypnosis was a mental science was that of the duality of the mind—the conscious and the subconscious. This fact, now accepted by all psychologists, scientists and medical men, gave hypnosis a new lease of life. The subconscious is a mystery. I do not know *how* it works. No one knows. But I do know the effects it can produce. Let me illustrate what I mean by an incident which occurred early this year.

A certain London doctor who had brought me a patient, but was nevertheless something of a sceptic, asked me to explain how I achieved such results—explain, that is, from a medical standpoint.

"Let me ask you a question," I replied. "You have been practising medicine for years ; you have administered many doses of strychnine or belladonna. You know the results you achieve. Tell me, from a medical point of view, how they came about : why one drug produces one effect, and another another."

"I cannot," he said. "No one can."

"Neither can I answer your question," I answered.

The incident is illuminating. It shows how ignorant we are of many of the commonplaces of life. It proves how imperfect a science medicine is to-day, even after all these centuries of investigation and practice.

But as medicine is not discredited by its imperfections or by the ignorance of its practitioners, so also can hypnosis continue to achieve cures without a true knowledge of how the subconscious works, as long as we know the methods by which it can be put into operation, and recognize our limitations in so doing.

I have referred to the "duality" of the mind, and before proceeding further it is necessary to try to avoid misapprehension. Man has only one mind. The old theory that he had two has long been discarded by scientists. But that single mind works in a variety of ways. Personally, I think that the subconscious mind plays a far greater part in our daily life and the working of our minds and bodies than is generally believed to-day, even by those who accept in full the almost omnipotence of the subconscious. But that is perhaps anticipating a little the development of a theory which may be more easily understood when I have given a few instances of cures and the methods and reasons of them.

For the time being, a homely little illustration, which can easily be appreciated because of its universal personal application, will help to make my meaning clear.

We are apt to think that it is the conscious mind—the will—that rules our actions and the reactions of our bodies. To a certain extent that is true. But it is not the whole truth. If it is the whole truth, how is one to account for the quickened heart-beat when

we are angry, despite the fact that we try to control our temper? How account for pallor in fear? For blushing, trembling, or tears? We don't *will* those things; with our conscious will we fight against them.

In those small, everyday actions of the body you have the working of the subconscious.

It is *not* the conscious will that in the ultimate resource controls our bodies. It is the subconscious.

Let us carry the reasoning a little further. What is the function, then, of the conscious will? How does it work with the five senses?

It has generally been accepted as a fact that we see, hear, smell, taste, and feel through the medium of the five senses; that they are the only means given to us of appreciating the outside world. My own theory differs fundamentally from the generally accepted one, and there is this in its favour, that it is the only theory that will account for the manifestations which I have witnessed. I was a long time before I reached it, and even then I was loth to accept it in its entirety till I had tested it and investigated it with every means at my command, and was left no escape if I were to be true to myself and the science I had been so long investigating.

Its acceptance altered my whole outlook. Things which had puzzled me, and for which, on the basis of our then theories, I could not account, suddenly found explanation. New fields of research were opened up. New hypotheses suggested themselves, suggesting in turn new theories, and the theory of the past became the fact of the present.

Briefly, my theory was this: there is no sight in the eye itself; the eye is only an attribute of the subconscious mind. Similarly, the ear did not hear of

itself, the nose did not smell, the skin, etc., did not feel, the tongue did not taste. All those nerves and organs were only the attributes of the subconscious. The five senses, according to my theory, therefore, simply acted as alarum bells, warnings, call them what you will, to the mind. Whenever an outside influence hit one of the senses, the motor nerves rang the bell, as it were, in the brain. "Quick, tell the subconscious," they seem to say. The brain tells the subconscious, which "comes up" to look at whatever has excited the sense in question, and perception is the result.

The brain, in other words, is simply a telephone exchange which receives physical impressions and passes them on to the subconscious mind. While we are in a normal state and "connected" with the organisms of the body, these messages are interpreted by the psychic intelligence of the mind.

It is so important that we should clearly understand the distinction between mind and matter, closely connected though they are, that I shall seek to develop the theme further here and now, for it is only through a true realization of this co-related distinction that a real understanding of the marvels of hypnosis is possible.

Let us return, then, to the eye, and through that wonderful organ endeavour to understand what this distinction really is.

The eye is the most beautiful optical instrument known to man. In reality it is a small chamber—a room ; it has a window, the iris—and at the back is an oval-shaped mirror known as the retina. There are so-called rods and cones ; and by a certain process light which comes through the iris and lights up the chamber is held and absorbed. Objects in front of

the iris are then reflected on to the mirror, or retina. Instantly the optic nerve, a wonderfully sensitive nerve connected with the retina, becomes agitated, and this vibration is transmitted to the terminal and the optic nerve centre in the brain, in much the same way as a wireless message is sent out.

In other words, the optic nerve rings, as it were, a bell in the brain *to attract the attention of the subconscious mind*, which then looks at the retina and sees the objects depicted there.

Note the italics ; for in them lies the difference of the theory which I hold of the functions and actions of the subconscious mind from that usually held by other scientists. The theory which I reject in my submission does not cover *all* the facts ; and a theory which fails to cover all the facts is false.

If it is the brain which interprets the influences on the five senses, how is one to account for the power of the mind to see physical manifestations without the use of the physical methods just described ? Yet such a phenomenon is not uncommon.

Again, take the case of a sleep-walker. A chemist of my acquaintance in Southend often walks in his sleep. He told me once that one night, while asleep, he got out of bed, went to his desk, took pen, ink and paper, and wrote half a dozen business letters, which he put into envelopes, addressed and stamped them, and apparently (it was his wife who told him this afterwards, for she had watched the whole proceeding —on a previous occasion when she had awakened him he attacked her and nearly choked her to death before he woke and realized what he was doing ; this time she watched and did nothing) would have posted them if it had not been raining.

Next morning he opened the letters to see what he had written. In every case he found that he had ordered the correct things from the correct houses, and that his wishes were properly expressed.

Now it was not any of the five senses that had guided his actions in this incident. He had no knowledge, on waking, of what he had done. His brain—his conscious brain as we understand it, that is—had obviously been dormant. What, then, can have guided him ?

I have found in the course of practice that when a person is in a hypnotic sleep and the normal consciousness is in abeyance and the senses annulled, he has power to see things, not only in the room in which he happens to be, but apparently things at any distance.

I do not believe that man was made with two distinct mechanisms for perception of external objects—as he must have been made if the generally accepted theory of the working of the mind and brain is sound. For, however speciously we may argue the case of the sleep-walker—that he *did* use his physical senses in his somnambulism and letter-writing—it is impossible to produce such arguments in respect of a man who "sees" objects not perceivable by the senses. Moreover, to give a man two distinct perceptive mechanisms would be a superfluity of divine economics nowhere else discernible in things created.

I shall relate later one of the most astonishing incidents of my career, in which this power to see at a distance played a sensational part ; but I will here relate an experience I had a year or two ago with Sir Arthur Conan Doyle, which aptly illustrates the point I want to make.

Sir Arthur had come to me to discuss the relation of spiritualism and hypnosis, and to help me conduct an

experiment or two in the matter. I procured a particularly apt patient, whom I put to sleep in the usual way.

Our conversation had ultimately veered to thought-transference, and I could see that Sir Arthur was slightly puzzled.

Turning to the patient asleep in the chair, I said: "What is Sir Arthur thinking about?"

The answer came promptly. Sir Arthur himself admitted it was true, and then he added: "But that is a trick of the stage."

"Good," I replied. "Set this man a test. He is no clairvoyant. In his normal state he is as you or I. But there is a power in the subconscious to bridge space and time which I cannot comprehend. Try him."

Sir Arthur was still wearing a great double-breasted overcoat buttoned up.

I told him to think of a test and to put his hand up when he had finished his thought command.

Doyle put his hand up, and before I could speak the patient said: "Sir Arthur wants you to see his watch chain, but you can't for it is under his double-breasted coat. It looks like an old cable. He has a funny old watch on one end and a big locket on the other, with a lady's photograph in it. It is a very beautiful woman."

"Who is it?" I asked.

"Well," he replied, "it ought to be Lady Doyle."

"Don't fool," I said sharply. "Find out who it is."

He was silent a moment, and then, turning to Doyle, said, "I beg your pardon, Sir Arthur, it is Lady Doyle."

"He's right," was Sir Arthur's only comment.

Turning to Sir Arthur, I asked: "Shall he find Lady Doyle for you?"

After a moment Sir Arthur replied: "Yes."

"Find Lady Doyle," I told the sleeper.

"She is sitting in a room in her home. . . ."

"Describe the room," I said.

He did, and Sir Arthur nodded his confirmation.

"And now," I said, "shall we ask him what Lady Doyle is doing?"

But Sir Arthur was convinced. "No," he said, "I have seen and heard enough."

By no stretch of the imagination and by no sophistry can it be argued that this manifestation was made possible by one of the five senses, interpreted by the brain.

On such points as this the generally accepted theory of the co-relation of the mind and the senses breaks down. And it is because my hypothesis of the power of the subconscious mind does indeed cover such points that I submit it is the true one.

There is no known manifestation of the phenomenon of thought or feeling which my theory will not cover, and it has this added merit, that it embraces all manifestations, whether the subject be conscious or unconscious.

As I have said, *how* the subconscious mind works I cannot say, but the new hypothesis carries us a big step further in the elucidation of the mystery. Whither we shall ultimately come, who shall say? It may be that the subconscious mind may be identified with the soul. Personally I think there are strong grounds for the identification.

But those are matters which may well be left for further research and experiment. They will be touched on later in this book.

My aim has been, so far, to touch just enough on the character and working of the subconscious mind as will enable one to appreciate the cause of the various cures I propose to relate. The points which arise from time to time will be discussed in more detail in their own places.

Before doing so, however, it is as well to state certain indisputable facts concerning hypnotism. These have been proved again and again in my practice, and I shall stress them from time to time in the course of this book. Some of them, indeed, are the fundamentals of the art.

No man can be hypnotized against his will.

Hypnotism is not a conflict of will-power, in which the hypnotist seeks to impose his stronger will on a weaker. To be hypnotized is not a sign of weakness. On the contrary, weak-minded people are often impossible to put to sleep.

A man really does more to effect his own cure than the hypnotist. "A man is as he thinketh," said St. Paul. The hypnosis practitioner simply helps him to think as he wants to think.

Those most easily put to sleep are intelligent—strong-minded people who can concentrate on the task in hand, and *will* passivity.

The hypnotist cannot gain permanent control over a patient, and in most cases the effect will wear off after a period, though probably not for some years.

The public little realize how limited are the powers of the hypnosis practitioner. Some of the above points may help to reassure them. But one can go

even further. It has been proved by demonstration and trial that a man in a hypnotic trance cannot be made to act contrary to his normal inclinations in the waking state.

Thus, if a man in an hypnotic state were commanded to commit a murder, he would not do it unless, in his waking state, he would be prepared to do it.

I tried this experiment myself. Having hypnotized a favourite subject, I tried to get him to stab a friend in the same room with us.

The subject raised the knife in the air, and there his arm remained. The blow never fell, despite the fact that I suggested to my greatest capacity that the knife should be driven home. Perhaps I should add that the victim was a willing experimenter, was waiting to leap aside, and had protected himself with an efficient coat of mail!

In the earlier days of my practice I conducted many experiments with certain subjects who were willing to investigate the possibilities of hypnosis with a view to solving this problem.

There was one, for instance, who tried to eat a candle in the waking state—and was promptly sick. He then ate one, all but the wick, when he was asleep, and suffered no ill-effects.

I tried the same thing with another man who refused to eat a candle when normally awake. He did it quite cheerfully when asleep, and he, too, suffered no ill-effect.

Now this fact does not disprove the statement that a man cannot be made to do in the sleep state what he is not prepared to do when awake. Paradoxically, it only serves to prove it.

Taken literally, that statement would reduce the art

of hypnosis to nonsense. In fact, it is a fundamental truth.

The statement refers only to the moral outlook, not to what, for want of a better word, I will call the mechanical make-up of man.

You can make a man taste, hear, smell, feel in an hypnotic sleep when he can do none of these things in the normal waking state. There is the immediate contradiction of the literal reading of the statement. But what you cannot do is to upset a man's moral outlook by making him less moral than he is. On the other hand, you can make him more moral. You cannot destroy love in a man or woman, but you can entirely eradicate mere passion. Nor can you alter a person's religious beliefs.

Wasn't it Mrs. Poyser who said : "Women may be funny creatures, but God Almighty made 'em to match men" ?

A young woman who knew of my work asked me some years ago to help her in a love affair. She had been engaged, and her betrothed had "transferred his affections to another", to use her own words.

Could I put him to sleep and bring him back to her ?

Frankly I could not, and I told her so. I didn't think her late betrothed would consent to go to sleep.

But that difficulty she got over. She brought him to me one day, and he was ready to try the experiment.

I put him to sleep and gave him a suggestion strong enough to satisfy even his late fiancée. And when he woke up I had had no effect on him whatsoever.

Perhaps I should add that he married his second love and is still perfectly happy with her.

On the other hand, I have eradicated mere passion

many times from the mental make-up of both men and women.

These are refinements which, in the present state of knowledge, I cannot attempt to explain. But they exist. They may serve as the starting-point of some future investigator. For myself, they lie at the foundation of a theory developed later in this book. They seem to me to have more than a casual significance. What can be the relation between religion and the subconscious? Between God and the subconscious? Is there not, perhaps, more than may be generally credited in my theory that the subconscious mind is in reality the soul?

There is one other point which cannot be too strongly stressed, and to which I shall refer again and again in this book—it is not necessary for anyone to go to sleep to achieve a cure.

A little thought will show that this is the case, particularly after what I have already explained of the working of the subconscious mind.

The therapeutic property of hypnotism lies, as I have already shown, simply in this, that the subconscious mind which rules our bodies is simply restored to its proper sphere in a man's being.

Now, messages can reach the subconscious mind by means of the five senses—they do so every minute of our lives. But those messages must be firmly impressed on it. A man must believe in his heart—to quote St. Paul again. Lip service is of no use. You can't fool the subconscious. Harbour but the slightest doubt, and you will irretrievably destroy the effect of any suggestion.

Doubt arises from unbelief or ignorance, blameless though it may be. It arises in the conscious mind.

That is why I prefer the conscious mind at rest—in other words, the patient to be asleep. I am then not interrupted in my little chat with the subconscious.

I have, in fact, cured many people who have not wanted to go to sleep, and I am satisfied that in the perfection of the art, the practitioner will, for the majority of cases at any rate, be able to achieve his cures by suggestion in the waking state. But except in the cases of people of exceptionally strong will—and, as I have said, it is those who are most ready and apt to go to sleep—this is only rarely possible at present.

There is no magic in an hypnotic sleep. Physiologically, it is identical with normal sleep. Hypnotic sleep does not cure of itself. It has no healing properties of itself. Its sole use in the art of healing is that it enables the practitioner to communicate with the subconscious—to restore it, as I have just said, to its proper sphere in a man's life.

Some of the most technically interesting experiences I have had are the least spectacular, and the case of Arnold Bennett falls into that class.

It was about seven years before his death that Mr. Bennett came to see me. He had three distinct contracts running at once, and was finding it impossible to continue to work at the pressure necessary if he was to fulfil them.

"Jaded, irritable, cantankerous, damn bad-tempered and unliveable with", was how, in his queer, high-pitched voice, he described himself.

"The trouble is," he said, "that when I feel fit to work my brain won't work; and when my brain wants to work I don't feel like it. My brain won't do as it's told; it's my master."

The case presented no particular difficulties. I could have put him to sleep, suggested that his brain would work at his dictation, have abolished his insomnia, and generally have co-ordinated mind and body so that he might have worked twenty hours a day for a time, had he so desired.

But Bennet was a peculiar man. He refused to be put to sleep. It wasn't that he was afraid, as so many people are afraid. He was just mulish about it.

He asked more questions to the minute, I think, than any other patient I have ever had, and we talked for an hour.

"Then," he said, "if you can achieve things in the waking state, there is no use in your putting me to sleep. I have a mind; I am no fool. Co-ordinate my mind and body as I am. I simply need to rest my nerves."

He sat in the chair and I counted. I had reached twenty before I had achieved any result at all. Why, I don't know. Perhaps he had not given his mind entirely up to me; perhaps he was determined that I should not put him to sleep.

At any rate, I realized that he would go off no more deeply than he had already gone.

The state of coma into which he had gone was peculiar. He was not fully, vitally awake; he was certainly not asleep. His state was a sort of "suspended animation". His heart was normal, as it always is in the ordinary sleep state; his breathing was a little deeper than usual; the pupils of his eyes were not turned up, as they are in the hypnotic sleep state, but had only moved slightly. He had slumped back into the chair. To a superficial observer he might have seemed asleep, but I knew otherwise.

Not without a considerable argument, he had obtained my word before he sat down in the chair that I would not attempt to make any "suggestion" to him. It was a peculiar request, and I objected as strongly as I was able, because I knew that if he would only give his mind to me I could cure him then and there.

But for reasons best known to himself he was adamant.

"If you speak to me," he said, "I will get up and go away. And you may take my word for it, I shall not go to sleep. But you can arouse me in an hour."

With that I had to be content.

But it did not prevent me from doing what I could for him despite himself.

Without speaking, I concentrated my thoughts on him, and tried by sheer force of will to communicate with his subconscious mind, trying to convey to it the command to control his nerves and give him rest.

But I did not speak. At the end of an hour I tapped him on the knee, and told him to awake. He stared owlishly for a moment—as a man will when awakened from an afternoon nap—then jumped from the chair and said : "I feel a new man ; as though I'd had all the rest in the world."

Then, after a moment : "You kept your word. You didn't speak. *But I know just what you tried to will me to believe as soon as you thought I had gone off, for I could read every thought in your mind.* It was good advice, and I've taken it."

It was a week before I saw him again, and then he came with the request that I would do just what I had done before : no more, no less.

Thirty times he came to me in all, and always there was the same routine. I was never allowed to speak once he had "gone off", as he called it ; he always resolutely refused to be put to sleep and he always stayed just one hour.

Nor could I get him to tell me his full reason for coming. I thought at one time that he meant to write a book in which hypnotism would play a part. Once only, after the first day, did he allude to what he hoped to attain.

"In an hour with you," he said, "even in this state, I get more peace and rest than I do from the best night's sleep. My head feels entirely different when I awake, and I can go ahead with my work with ease. That is all I ask. I can get from you what no doctor and no medicine can give."

Now I do not hold up this case of Arnold Bennett as a cure. It was not. There was nothing to cure. But it serves to illustrate three fundamental points of hypnosis :

A man cannot be put to sleep against his will ; suggestion can be accepted in the waking state if the patient is prepared to accept it ; and the physiological effects of hypnotic sleep are in no way different from ordinary sleep.

There is no doubt about the accuracy with which Bennett was able to read my mind. Had he told me the general trend of my thoughts about him while he was in the chair, there would have been nothing noteworthy in it. But his thought-reading went far deeper than that. He repeated to me what my thoughts had been, using in several instances my own little pet phrases which he could not have known, and generally repeating so accurately the suggestions I had "thought

at him" that there was no room for doubt that he had really read my mind.

Bennett alone, of course, could say whether or not he obtained the help from me which he wanted. All I know is that I could have given him far more help if he had been willing to let me do so.

The point about the experience is that undoubtedly I had managed to establish communication with his subconscious mind even when he was awake, and when I had not obtained full control over him. And that fact again serves to show the enormous power and influence of the subconscious.

In the course of my career I have had hundreds of cases where a complete cure has been achieved without the patient going to sleep. But in those cases I have invariably secured full control over the subjects.

I have, for instance, fixed them in a chair by mere suggestion and watched their struggles to get out; and when I have attained this full control, practically any cure can be guaranteed.

There is a rather peculiar case of a young boy who stammered, which bears very much on this point. In fact I had nothing whatever to do with this cure at all. The boy did it all himself. But I put the case in here because it illustrates, perhaps more than any case I have ever had, the truth of the point I have been trying to make about the patient effecting his own cure, and the allied point that if a man will believe in his heart, all things are possible.

This boy, who lived at Bristol, was about fifteen, and he had never been known to speak without stammering. He had tried all sorts of treatments, and had been given up as hopeless.

One day he read in a paper of one of my spectacular

cures of a shell-shocked soldier, and begged his mother to bring him to London to see me. At last she did.

They arrived without appointment, and no sooner had they come into my consulting-room (and before a word had been said) than the boy gripped my arm and stared hard up into my face.

So he held me for a full minute, then turned away.

"Now I am cured," he said.

"What do you mean ?" I asked.

He replied : "I knew in myself that the moment I looked into your eyes I should never stammer again."

And he never has.

Isn't it all *so* simple ?

The boy knew nothing of the subconscious mind beyond what little explanation the newspaper had given in its report of the shell-shocked soldier. But it appealed to him. He did not doubt. He believed *in his heart*, and, as the case of the leper of old, his faith had made him whole.

Physiologically, he had spoken to his subconscious mind, and his subconscious mind had done the rest. Here there was no sleep state : there was no conscious control by me at all. It only goes to show the supreme power we have in us if we will only use it aright.

There are, however, many people who are frightened to go to sleep. Nothing is so calculated to produce fear as the unknown. One cannot withstand an anæsthetic ; a hypnotic sleep cannot be induced except with the concentrated help of the patient. Ignorance and fear are, I am convinced, the chief factors which prevent many people from being put to sleep.

I have no apparatus. I seat the patient in an ordinary armchair and tell him (or her) to make

himself comfortable. Comfort is essential ; discomfort begets a wandering mind, and a divided attention is a fatal bar to a hypnotic sleep.

When the patient has settled down, I begin to count slowly, instructing him to close and open his eyes quietly as each number is uttered—a device which I have found prevents mind-wandering—and at the same time to try not to think of anything. It may be that the novelty of the experience is too great ; it may be, as I have said, that fear or ignorance play their part ; but I have not infrequently found that at the first, or even third, attempts, patients are unable to go to sleep. Many, on the other hand, are able to go to sleep at the first sitting ; and there are very few cases indeed in which sleep is impossible after three or four attempts. Gradually a feeling of peace steals over them ; they sink down further into the chair ; the eyelids open more slowly ; flicker ; then remain closed. The patient is falling asleep. I cease counting and quietly suggest that the patient sleep The sub-conscious mind obeys. As long as I maintain control, the patient will remain asleep and accept my suggestion.

It is all so safe and so simple. How much illness is there in the world to-day which might be banished for ever by this sleep of health. There is no nervous or functional disease which might not be cured if only the patient could be induced to go to sleep. There is no magic in it. It is just a power of nature—God-given—inherent in us all, and (such is human folly) we have allowed it to be brought into disrepute and have decried it as trickery.

I have cured people of blindness. Paralysis vanishes at a word, nervousness disappears, stammerers speak perfectly, cripples have come to my consulting-room

in bath chairs, and have walked home, leaving their crutches behind, never to want them again.

There is no functional disease to which man is heir that will not yield immediately to the dictates of the subconscious mind. If a man believes *in his heart*, he may cure himself; if he doubts, he may yet be cured if he will go to any accredited practitioner of hypnosis. Drink and drug habits, however far advanced, may be overcome. Character may be changed and personality developed. There is no single agent which shapes our lives which can be compared, either for range or power, with the subconscious mind. But I anticipate, and these claims may seem exaggerated. They are not. The cures I have to describe cover all these points and many more. Perhaps I may here quote a statement by a Dr. William Brown, at that time of the University of Oxford, who was addressing the psychology group at some conference or other on "Suggestion and Personality". The report appeared in the *Daily Telegraph* on September 1st, 1925. Dr. Brown said that

> during the War he personally hypnotized six hundred people, and he declared his belief, following his experience, that in simple cases of hysteria, such as those seen almost in process of formation during the War, hysterical symptoms, such as loss of the power of walking, loss of voice, and the like, were demonstrably the result of the patient's belief that he had become paralysed, and one could hypnotize the patient, who would recover immediately. One read in the papers of people being kept in hospital suffering from loss of memory. He always felt exasperated upon reading such an item of news, because he knew that a wave of the hand would immediately bring memory back. He had never failed. On the Somme he remembered five patients being brought in one after the other suffering from loss of memory, and without any preparation of any kind they were sent to sleep and memory was brought back immediately. It was extremely simple, the great thing was not to overdo it.

There is an independent testimony of the value of hypnosis. But I fancy that to-day—seven years later—Dr. Brown would go further than he was then prepared to go. I do not think that he would limit his cases in which hypnosis is valuable to those which were "demonstrably the result of the patient's belief" that he suffered from some ailment. In my own experience I have had cases which were definitely not brought about by any such act of thought. I have had people blind from birth and have given them their sight. Others have suffered disability as the result of illness, and here, too, I have managed to restore their functions.

I do not know whether the doctor normally required a certain preparation before achieving a cure by hypnosis: he stresses that his patients on the Somme were cured "without preparation". For my part, I never use any preparation.

Perhaps the following is the sort of thing that exasperates Dr. Brown. The report comes from the *Star* early in February last year:

> When it was disclosed at an inquest at Reading to-day that Herbert Deaves, aged 37, a clerk, of Field Road, Reading, who committed suicide by putting his head in a gas oven, had suffered from insomnia and neurasthenia, the coroner, Mr. J. L. Martin, said that he himself had suffered from these two complaints since he had returned from war service, and that they were accountable for many suicides.
>
> "You have to fight life continually," he said, when returning a verdict of suicide while of unsound mind, "and once you give way there is no hope. A man gets to such a pitch that death is the only way out."

This is where I differ from the coroner for Reading. There is a cure. I sometimes wonder which is the greater tragedy: the existence of these cases, or the fact that there is a remedy for them—or at least, most

of them—of which only one in a thousand takes advantage. I do not say that hypnosis can cure all these cases ; people who are unbalanced mentally are among the hardest which a practitioner can have to deal with, for they are incapable of that mental concentration which is essential to a cure, in that it is the sufferer himself who must achieve the cure, and that without his co-operation the practitioner is helpless. But in the vast majority of these cases a complete cure can be achieved, and I have myself given hundreds of potential suicides a new lease of life, simply by inspiring in them a new desire to live, through the medium of an hypnotic sleep.

If this "no hope" attitude is induced by some such affliction as insomnia, the task is easier. I have cured thousands of cases of insomnia by a single hypnotic sleep—"by a wave of the hand"—and the sleeplessness has never returned. It is the cases which spring from no discoverable functional ailment that are the trouble. Here the malady is purely mental, and the patient too often will not lend himself to the suggestion of a cure. He does not want to live. He will tell you so. And you *cannot* cure these people against their will. But I am convinced that there are thousands of sufferers in this country to-day who will one day commit suicide, who might live to a happy old age if only they would allow their mental equilibrium to be restored by suggestion given to them in a hypnotic sleep.

CHAPTER III

PERSONAL HISTORY

My uncle—My nurse and the warts—Strickland and the snake—My first experiment—Cuddesdon Monastery and the sign—My lecture to doctors and the doctor who would not believe—The seasick sailor—The paralysed sailor who swam.

I HAVE often been asked how I came to follow my present calling, and even at the risk of interrupting the development of my argument, I will explain the series of events which led up to it. They will incidentally help to make still more clear some of the points I have already touched, and others which remain to be developed.

It is easy to be wise after the event, but I have long since come to the conclusion that the hypnotic power which I possess is in a large measure hereditary. My mother, I believe, had the power, had she cared to use it in directions other than the exercise of charm, for which, in her day, she was famous. Her brother, my uncle, a son of Judge Brodie, of Edinburgh, and an attaché at the English Legation at Constantinople, undoubtedly possessed it in a marked degree, though he did not exercise as I do now, therapeutically, over men. He confined himself to animals and birds, and I can remember as a boy watching him as he played with them. He would just look at them quietly, and they would ruffle their feathers, lie down on their backs, stick their legs up in the air, and remain there

to all intents and purposes dead, till he gave them the word to get up. It was, as he used it, a pretty parlour trick, and many a time have I seen him perform it for the benefit of friends. But it was not till long afterwards that the full significance of it dawned on me.

Looking back now, I can recall a number of incidents which at the time I looked upon as a good joke, but which I now realize had an immense bearing on my life.

One was concerned with a number of warts I had on my hands—thirteen, to be precise—which, despite all the burning with caustic and the other treatment the doctors ordered, refused to yield. Then one day my old nurse lost patience with doctors and treatment alike.

"Bring me a yard of cotton," she said.

Wondering, I collected some from my mother's work-basket.

"You're not going to nip them off in nooses, are you ?" I asked. But I need have had no fear.

Taking one end of the cotton, she lightly touched each wart with it, counting as she did so, like some old witch. Next, with uncanny deliberation, and looking hard at my warts, as though trying to cast a spell on them, she tied thirteen knots in the cotton—one for each. I began to feel a little scared. Last of all, she put the knotted thread in her mouth.

"You'll choke !" I shouted, now thoroughly roused.

"No," she replied with quiet calm. "No, I am going to bury this cotton in the ground. It will soon rot. By that time your last wart will have gone ; they will leave no marks, and you will never have them again."

With due ceremony she buried the cotton in the garden, and I, thoroughly scared, watched her.

I tried no more cures for my warts, but in ten days

every one had gone. They left no marks; nor has one ever returned.

To my young untutored mind it was magic; to-day I know that it was just an application of suggestion; and suggestion—hypnosis, call it what you will—is not magic. It is an accepted scientific truth.

I make no apology for not drawing the lesson then and there. How many of us can recognize, when first we see them, the lessons of Nature? Knowledge is the outcome of analysis and comparison. And who was I, a mere boy, to connect these two phenomena, to analyse them and read their lesson? At this time, half a century ago, suggestion was practically unknown. In this country, though, as I have pointed out earlier, it was nothing new.

It required a much more startling experience to awaken the spark of knowledge in me. Luckily, it was soon forthcoming.

To aid my convalescence after a serious illness, my father sent me to the backwoods of Canada, where a friend had a shack. We lived in the open, fishing, shooting and roaming in the woods. One day I missed him. I "halloed" to no purpose. I fired four shots from my gun, grouped as we (in the manner of boys determined to be prepared for all emergencies: such things add a zest to life) had arranged as a signal in case of danger. But there was no reply. Thoroughly alarmed, I began to scour the woods, and at length, in a little clearing not a hundred yards from where I stood, saw him standing stock still, staring straight in front of him.

Again I called. No answer. I walked up to him and touched him. He did not move. *He was asleep.*

I heard a slight sound. On the ground, only a yard

or so away, its head reared, its forked tongue darting out, was a snake.

I am not afraid of snakes, and, clubbing my rifle, I attacked it and managed to kill it before it escaped.

At that instant Strickland woke up. I moved back to him as he was yawning and stretching his arms.

"That was a narrow escape," I said.

"Escape ?" he echoed unbelievingly.

"Yes ; the snake."

"What snake ? There's no snake."

And it was not until I had pulled the reptile out of the bush—just over four feet long he measured—that Strickland believed.

The truth is—and it was then, thank God, that I recognized it—that he had been hypnotized by the snake. I had often been puzzled over weasels and stoats and their fascination over rabbits and birds. Now I had seen the fascination of one animal over another—and that other a thinking, sentient being, man, the greatest of all animals.

Strickland had been hypnotized. There was no doubt about it. He had heard neither my cries nor my shots, yet he had been within a hundred yards of me the whole time. He knew nothing of the snake, and could give me no details of his experience.

My mind went back to the power of my uncle. The memory of my nurse and my warts linked themselves up in my scheme of reasoning. "Man over animals ; animals over man ; man over man. Why not ?" Was my nurse's but another manifestation of the same power, differing only in the fact that she did not put me to sleep ? What was this power ? How could one recognize it ? Did I possess it ? Could it be cultivated ? I was soon to learn.

Strickland had a sister, a delightful young girl between sixteen and seventeen. Need I say that we were fast friends, or enlarge upon the graphic detail with which I recounted to her her brother's experience ? I can see her now, as we sat in the shack, I telling her for the twentieth time how I found him.

". . . There," I was saying, "was the snake ; its head flattened out, swaying from side to side, its little beady eyes piercing through him, moving slowly, so slowly. . . ."

I was gazing intently at her, moving my own head slowly from side to side, suiting my own motions to those of the snake I was describing in fact and never taking my eyes from hers. Gradually I saw the strained expression disappear from her eyes. A listless languor seemed to settle upon her. She breathed softly but deeply.

Far quicker than it takes to tell all this, I noticed these things. The thought flashed through my mind : "She sleeps."

Actuated by what impulse I know not, but I put my thoughts to the test. Gently but firmly I commanded : "Sleep, sleep, sleep."

Gently her eyes closed ; she slipped back on to the cushions of the chair and lay there motionless, save for her deep and regular breathing.

Now I was thoroughly frightened. What was this that I had done ? How should she wake up ? Could I wake her ? Would she suffer any injury ?

Luckily I did not lose my head. I thought of my uncle and how I had seen him waken the birds, and how gently he did it. And again I spoke to her quietly but firmly : "Wake up . . . wake up . . . wake up."

Never, I think, have I thanked God more for anything than I did for the sigh she gave as consciousness returned. She passed her hands across her eyes, opened them and sat up. Then seeing, I suppose, the fear in my face, said: "What's the matter? Go on"; and, as though nothing had happened, I finished the tale.

Not for many days did I refer to the incident, and when I did she knew nothing about it. In fact it was a long time before she would believe it to be true.

It was about this time that there began to develop in me, without at first any effort on my part, a peculiar phenomenon which I had noticed for a number of years. I found that I had a certain power to remove pain. What this power was I did not know, though my friends often used to avail themselves of it, and I used to oblige in a happy-go-lucky spirit, without making any effort to understand what it was.

My method was quite simple. I found that if a friend had a headache, toothache, neuralgia or any such ailment, I could, by placing my right hand on his—or her—solar plexus (the spot where the breast-bones end) and my left hand on the seat of the pain, generate a great warmth in the spots where my hands were, and in the hands themselves. In a few moments this warmth changed into a strong, tingling sensation in the left hand, and by the time this happened the pain disappeared.

At first these "cures" were rather haphazard, as was only to be expected in an empirical experiment such as I was then undertaking; but it was not long before I began to reduce them to a more scientific basis. Thought observation and analysis discovered to me a number of constant phenomena in them.

The most important of them was this, that it was only by an intense concentration of the will that I was able to achieve any result. If for one moment I relaxed my will to cure, no warmth was generated, no tingling sensation supervened. More, if I relaxed the will after the warmth had begun, or after the tingling sensation was present—if even for one moment I allowed my attention to wander to anything in the room, or anything said to me by anyone—both manifestations disappeared on the instant. And to anticipate for a moment a point I must refer to later in the discussion, I find to-day that *if I do not myself believe* that I can cure a patient, I am powerless to do so. That is a phenomenon of the subconscious mind I do not profess to understand.

Another strange thing about these early "cures" of mine was that I always became extremely exhausted after I had performed them. As I became more experienced, I learned that the power I had was magnetic—it was the giving off of the magnetic power of my own body (probably that stored in the ganglion cells which seemed to act as accumulators to store the magnetic energy of the nervous system).

At the same time I must make it quite clear that magnetic influence and hypnotism are two entirely different phenomena, though there would seem to be some connecting link between them. As far as my knowledge of the subject goes to-day, I find that if I put a patient into the "trance", or deep sleep state, and then hold my hand over any part of his body, even without touching it, or making any suggestion to him, his body in that part will become violently agitated, and that I can draw him backwards or forwards or sideways, as I direct, by the mere movement of my hand.

The discovery of this power within me was rather disquieting. I had always been a student, and the human body always fascinated me. But so did unworldly things. Speculation on the unknown and the unseen attracted me no less than the physical. Medicine or the Church ? I could not make up my mind which. My father favoured medicine. I preferred, all things considered, the Church. But then, how about this power of mine ? Could it be developed ? Could I be of advantage to my fellow-men ? Was it not of the devil ? And if so, how could it be of use in the world ? I read such books as I could find, but they were not very helpful. In those days the art still savoured of magic, and what I read convinced my young mind that this power could not be for good. But how harmonize the Church and the devil ? Impossible. Exorcize the devil. It was the only way. And thus it was that a few years later, with this laudable ambition in view, I betook myself to a theological college.

For a time all went well. I kept my fasts and feasts and vigils. I was happy. Yet, from time to time, memories of those days in the Canadian backwoods of my new-found power came to haunt me. They came at length with the insistence of a message.

Was there a healing power in me by my power to induce sleep ? Ought I to use it for the benefit of my fellow men ? And was this power not, after all, of the devil ?

For long I wrestled with my problem, alone. I spoke to my confessor about it. When I could stand it no longer I spoke to the head of the college. He was a liberal man and a thinker. He has since been made a bishop. From him I felt I should get the guidance and sympathy I craved. Little was the

comfort I received, and I returned to my cell in despair.

In sheer agony of spirit, I threw myself on my knees at my bedside and prayed for a sign. How long I remained there I cannot say. At length I arose and turned to where lay a book I had knocked off a shelf as I flung myself down by my bed. A piece of paper had fluttered from it, and was lying on the floor. On it was written, in a man's handwriting (whose, I don't know) this :

> Christ is not looking for credentials from you and from me, He is looking for wounds to heal.

Within six months I was in America, the only place in the English-speaking world where the study of the science was not regarded as a freak, studying hypnosis and its healing power. First, at the American College at Philadelphia, I took their full course in psychology. Next, at the New York Institute of Science at Rochester, I obtained their diplomas in hypnosis for the practice of hypnotism. Afterwards, at the same Institute, I took the full course in neurology of the New York Institute of Physicians and Surgeons—part of the medical course, though I did not take medicine and surgery, which would have entitled me to practise as a doctor. In due course I returned to England to practise the new art.

I was soon to find that I had a heavy task before me if I was ever to get it recognized by the medical profession. The popular conception of hypnosis was that it was magic. The medical bodies of this country would have none of it. They could not reduce it to, or harmonize it with, the known facts of Materia Medica. It took me years of unremitting advocacy and

demonstration, in season and out, to convince them that here was a power for good which transcended anything they had ever known, and which, allied to their own science, would perhaps revolutionize the art of healing as known to-day.

Medical men came to my consulting rooms to investigate the new science. They came as sceptics. Few in those days went away convinced. At last one or two, angered almost by my stubbornness, sent me patients they had given up as hopeless. I was required to undertake the healing of the unhealable.

Those were savage days. I was not as experienced then as I am now. To-day I could take on those cases without a qualm. In those days it seemed to me that I was attempting the impossible. But I had to try, and I say it without boasting that I achieved results in those hopeless tests that astonished no one more than they astonished me.

One of the means I adopted to spread the knowledge of the new science was a series of lectures, in different parts of the country, to members of the medical profession. I laid before them as clearly as I could the theories I had come to hold, and afterwards invited questions or demonstrated to those present the various points of the lecture.

A favourite method of doing so was to ask any of the audience to come on to the platform, and to use them as "patients" for the benefit of the audience. There could be no secret understanding in such a practice—a most important point at this time, for I was often accused of staging my demonstrations at these lectures.

Perhaps the most important lecture of this kind that I ever delivered was that at the London Pavilion in

1905, when some 800 medical men from all over the country, including many Harley Street specialists, attended. At the end of the lecture, following my usual course, I invited anyone who wished to come on to the platform and allow me to demonstrate to the others in the room. One of those who came up was a man who had interrupted me from time to time—as hardened a sceptic as one could well wish. I put him to sleep in the presence of everyone, and then gave him a variety of pains in various parts of his body. Perhaps it was that I felt that I owed him a bit of a grudge for his persistent heckling during the lecture, or it may have been that I was actuated by some other cause; be that as it may, I know that I used him rather more strenuously than I ever use any other "patient". First I gave him toothache. Then earache. Then neuralgia. Then all three together. Then I turned on the pain, explaining to those present exactly what I was doing. In a few moments he was writhing in pain in his chair. Still I kept the pain turned on. He shrieked. Tears rolled down his face. At first the audience laughed, for they had chaffed him when he came up on to the platform, prophesying all sorts of terrors for him when I got him into my power. But even then he would have none of it. "If he can do it," he said, "I will believe. But he can't, as I will prove."

For a time, then, they laughed, but when I showed no sign of releasing him from his torment, some of the more sceptical began to cry out to me to stop it. "He's all right," I told them, and went on to explain just what I was doing, and the different points I was striving to illustrate. As he screamed and writhed, however, even those who had been convinced became restless.

"For heaven's sake stop," cried someone; "you'll send him mad!"

"No," I replied. And then, in the name of humanity, I made my big mistake. "When he wakes up," I said, "he shall suffer no pain, and shall remember nothing of what has happened."

I made the doctor dry his tears, and, having given him a time to compose himself, I told him to wake.

"There you are," were his first words. "What did I tell you?"

There was a general laugh.

"What are you laughing at?" he cried. "I told you it was all a fraud. He hasn't even put me to sleep, to say nothing of doing any of the things he said he would do."

At this there was a roar of laughter from the audience. He was unmercifully chaffed. I was advised to put him to sleep again and to waken him without instructing him to remember nothing, or to suffer no pain. But I would not do it, and in the end the man left the theatre in a frame of mind more easily imagined than explained, those present cheering and laughing at him as he walked away.

On another occasion, at Newcastle, some of the doctors brought me a special test case. It was a sailor. They sent him up after questions, and asked me to experiment on him.

"What would you like me to do?" I asked. "Give me something out of the usual."

"Make him seasick," suggested someone, that being indeed a novel idea in respect of a sailor.

So I put the man to sleep, and then suggested to him that he was on board and that a huge sea was running. Obedient to my suggestion, the man swayed to and

fro as though trying to balance himself and counteract the heaving of the seas.

"Now then," I said, "tell me when you want him to be sick."

"Now," said someone.

Straightway the man was sick.

They seemed to specialize in sailors up Newcastle way in those days, for on another occasion, when I was lecturing there before an audience of doctors, they brought me a test case which they thought would certainly be beyond me.

He was a young man about twenty-four, who had been paralysed about seven years before in a gun explosion on board ship.

He could scarcely move a muscle in his body, and certainly not one in his arms or legs. He could not speak. He was, in fact, a perfectly inert mass ; more dead than alive ; incapable of doing a single thing for himself ; dependent on others for the slightest act.

He was a well-known "case" in the north of England. The finest specialists of the day had done what they could for him ; every resource of science and medicine had been lavished on him without achieving the slightest sign of improvement.

In those days I was always ready to accept any test the medical profession cared to bring to me, for I knew that it was only by such means that I could convince them of the justice of my claims. To do many of the profession justice, they often warned me that failure in any particular case would not be counted as conclusive against me, for they considered that only by a miracle could I achieve any result in some of their test cases.

And in fact in some instances where I was successful,

my very success did as much harm to my cause as failure, for they considered the case so hopeless, and against all reason, that they were unable to accept the evidence of their own eyes when they saw the cure, and looked upon it as a sort of magic accident which could not be repeated.

The present case of the paralysed sailor was one of those. I think he was personally known to every doctor in the room, and all had tried in vain to do something for him.

Now I have elsewhere explained that the most spectacular cases are, from my point of view, often the most simple. This case was one of them. The sole question was whether or not the man could go to sleep; though I had little doubt that he would do so, for it is my almost invariable experience that the lower working classes are, along with the upper professional classes, the best patients.

The lower classes accept what you say without question: the professional classes, capable of concentration, are able to help you. It is the middle classes, with too many brains to accept what you say blindly and not enough to argue out the truth of your arguments and incapable of great concentration, who are the difficulty.

This man then, who was wheeled up to the platform in his chair, was the perfect patient. Within a minute I had him in a deep sleep.

With the help of two doctors from the audience I then lifted him from the chair and laid him on his face on a number of pillows on the platform.

"Now," I said, speaking sharply to him, "you are on board ship. I am your commanding officer. You will obey me."

The man did not move a muscle. Someone in the audience laughed.

I continued : "We are going into action. . . . Action has begun. . . . Steady ; we've been torpedoed. . . . We are sinking. Look out."

A groan came from the man. Sweat was running down his face. He was suffering a mental agony.

Some one in the audience shouted out to me. I turned to the interrupter and silenced him. The man, I knew, was in no pain, but the position was beginning to live in his mind. He wanted to move and knew he couldn't, for I had not yet told him to do so.

I turned to him again : "Now, get ready. She'll go down in a minute. . . . We've got to jump. . . Don't be afraid, I'll jump with you. . . . We'll go together. . . . I'll look after you. . . . Now then. Ready. . . . Jump. . . . Swim. . . . Swim for your life . . . swim. . . . Arms and legs. . . . Swim. . . . Swim. . . .

A great roar went up from the room as the man obeyed. That sedate medical audience rose to its feet and cheered.

With strong, steady strokes the man began. That he was lying on the pillows didn't seem to matter. His hands swept over the hard floor, grazing the skin off them as he swept them through his imaginary water. His legs went in unison. The muscles of his body came into play. He breathed and snorted, turning his head this way and that. The pillows on which he had lain were swept away in his struggles, and still he "swam" on.

I turned him over on his back and told him to "float," and he lay quiet, stretching his arms out straight from the shoulders and gently moving his hands.

I looked at his muscles. They were pitiably weak. Even the massage and electrical treatments he had had had been unable to preserve their strength. But some of it was left. They had not entirely disappeared.

At last I let him rest. We put him back into his chair, and there he slept. After a time I spoke to him, telling him to forget all he had been through, and that when he woke up he would feel no pain, and would have the full use of all his muscles.

Then I awoke him.

He seemed rather surprised when he found he was just in the position in which he had been when he had dropped off to sleep, and, as he confessed after, thought he was still paralysed.

"Put up your arms," I said.

He hesitated.

"Come on, you can, you know."

Half-heartedly he tried. Then the truth dawned on him.

With a shout of joy he shot them out. He sat up and found his legs were his again.

In a moment he had bounded off his chair on to the platform, but he would have fallen had I not jumped forward to hold him ; not from weakness, but from sheer inability to balance himself.

It is strange how a grown man should have to learn to walk again ; but one has to do so after years of lying in bed.

They wheeled him away in the end, and that was the last I saw of him. But I knew that he was cured, and that the cure would remain.

I heard of him two or three years later when, by accident, I met one of the doctors who had been present on that afternoon.

The use of his limbs had never disappeared again. A short course of physical exercises had restored the muscles. His dwarfed limbs had grown to their normal size, and the man had a job and was doing well.

It was by such means that I gradually brought the science of hypnosis to the medical profession of the country ; but I had a long way to travel before hypnosis was a recognized practice. It was still regarded as a rather pleasant fantasy, useful perhaps in certain cases, or rather a pleasant parlour trick for the delectation of the incredulous, and the entertainment of music-hall audiences. But as a medical adjunct it was not regarded, and it took several spectacular cures of cases given up by the medical profession before I began to make any serious headway.

CHAPTER IV

FIRST CASES

The man with the paralysed arm—An extraction of teeth—Rheumatoid arthritis at Glasgow Infirmary—The different degrees of sleep and their uses—Cure of girl blind from birth—The widowed mother and her son—Another case of restored sight.

ONE of the results of my lectures up and down the country was that a number of doctors, who had approached the question with an open mind, remembered my contentions, and at length, when they had a case which refused to respond to treatment, would ring me up and send their patients to me. In this way I had several cases which no human agency could cure ; for, as I have explained, I am not the Almighty. I do not claim to be able to cure *all* disease. But I did, and do, maintain that in all cases of functional disease, hypnosis can be of benefit, even if it cannot achieve a complete cure.

A case sent to me by a doctor, and cured by me when it had been given up as hopeless, naturally attracted a good deal of attention in the profession, though I may here remark that these cases were not reported in the medical Press by the physicians concerned with that frequency which, to my mind, fair play demanded. However, I had to be thankful in those days for small mercies, and as I was getting known for cures in a variety of cases, I came into touch with a number of people to whom I was able to be of service.

One of the cases which did a great deal to bring the science of hypnosis before the public was that of Alfred Thomas, whom I cured at Hackney on October 8th, 1905.

Thomas was well known to the London hospitals. He had been in many. He had been discharged from Charing Cross Hospital as incurable. He was suffering from paralysis of the left arm, and the disease had spread to his legs, which, at the time I met him, had been affected to a more or less degree for about nine months.

His was an instantaneous cure. I put him into a deep sleep, and by the power of suggestion alone restored to him the use of his arms and legs. Anyone who doubts the truth of this may verify the facts for himself. That is why I have given the man's name. The case was reported in the Press at the time.

There was nothing marvellous in what I did, though many people were inclined to look on it as a miracle. In those days such a cure was a comparatively new phenomenon. To-day it is the commonplace of my practice.

In France operations are conducted without anæsthetic on patients who have been hypnotized. Such a thing is not allowed in this country. But I have hypnotized a patient for the extraction of teeth, and the case is on record in the *Medical Times* and *Hospital Gazette* (the official Journal of the Association of Physicians and Surgeons, and the Society of Apothecaries). Its authenticity is therefore guaranteed, and I quote it now, not because it is an outstanding case, but because it may prepare the way for the more spectacular cases which I have yet to relate. The letter, written by the dentist who made the extractions, is as follows :

SIR,

The following facts may be of interest to your readers. On April 6th, 1907, I made several extractions for a young man, aged 20.

The patient was under hypnosis produced by Mr. Alex. Erskine.

I removed roots of the second bicuspid, right side upper jaw, roots of the second bicuspid, left side upper jaw, and the whole of the first bicuspid left side upper jaw, developed outside arch. Under gas, the above extractions might have been made within the period of total anæsthesia.

Under hypnosis I took time, first lancing the gums before probing for roots, then Mr. Erskine instructed the patient to rinse his mouth thoroughly, to clear away the blood so that it should not impede my view of the roots. The patient obeyed the hypnotose implicitly and intelligently, and I proceeded slowly and deliberately to make the extractions, watching the patient all the time for any reflections of the muscles, and noting the pulse, which remained perfectly normal throughout. There was not the least flutter of the eyelids, or twitching round the eyes, which one usually observed under most anæsthetics.

There was no rigidity; the condition appeared to me of the nature of a perfectly natural and peaceful sleep. I firmly believe that I could have removed all his teeth without his feeling the slightest pain or being aware of what was happening.

On being awakened he seemed scarcely to realize that any operation had been performed, though he had given himself to the hypnotizer's influence for the purpose of having the extractions made.

He stated that he felt no pain nor soreness from the wounds (it having been suggested to him, before awakening him, that he would not feel any of the usual after-effects of an extraction.)

Yours faithfully,

B. J. BONNELL.

Member of the Odontological Society of Great Britain; Member of the British Dental Association; Member of the American Dental Society of Europe.

It was not long before I was to have a test of a very different calibre. Looking back on it now, even after all these years of practice, I still consider it one of my most outstanding cases. At that time I felt, I

remember, that my whole career was ended even before it was well begun, for I knew that if I could not achieve a certain cure, my theories would be held to have failed at the first big test.

This also was a case which had been given up by doctors ; but it differed from that of Alfred Thomas, in that I went to him in a private capacity, whereas in this case I was to face a properly staged test in a hospital, prepared for me by the doctors who had been treating the man in question.

The case was brought to my notice by a doctor—to-day a well-known physician practising in London—who was among the most sceptical medical men so far as my claims for hypnosis were concerned. The case was in Glasgow infirmary, and the man had been diagnosed as suffering from rheumatoid arthritis. He had, I believe, been in the hospital some weeks, and his ailment had not yielded in the slightest to treatment. He was the despair of the staff, and was considered hopeless and incurable.

I had had many rheumatic cures in a small way, but nothing to compare with this. However, it was win or die, so to Glasgow I went. I had imagined something out of the ordinary. I found it. The man was in a shocking state. He was far worse then even I had anticipated. Great adhesions had formed on his joints. They were highly inflamed, swollen and hard. The pain was intense. He could hardly move a joint of his body.

He was brought from the ward to the operating theatre and placed on the table. With the doctors and theatre nurses standing round, I examined the man minutely. As I did so, my confidence, which had melted away when first I saw him, returned. I contrived to whisper

to him as I bent over him, asking if he would like me to try to cure him, for I was quite prepared to throw up the case then and there if he had not been willing. In fact, I think that I was secretly hoping that he would refuse to go on with the job.

"I think I can manage it," I told him, and he smiled his consent to my making the trial.

"Yes," I said, turning to the others, "I will take the case on, but I cannot do it unless I am left alone in here with the man."

The unusual request created something of a stir, and there were remarks on my attitude. But I was firm. I was now fully confident. I felt sure of myself. The more I examined the man, the more confident I became. If they did not leave me alone with the man, I told them, I should refuse to proceed. I do not say I should adopt that attitude to-day. I should not. But remember that in those days I was fighting for my hypnotic life, as it were, and I felt that these people were definitely hostile—unfairly hostile—to me. I was not going to have them disturbing me with questions in the most critical parts of my treatment. And in the end they withdrew.

Then I talked to the man, telling him that all I wanted him to do was to go to sleep at my suggestion, and that when he woke up he would be cured. At first he thought I was going to give him an anæsthetic, and when he found that I intended nothing of the sort, he could scarcely believe me. In fact, the simplicity of the process was the greatest enemy I had to fight that day. As he said, after all he had gone through, it was almost unbelievable that I could cure him by such childish means.

Once he had convinced himself that I meant what I

said, he was soon asleep. But for once I did not let it rest there. I put him into the trance state—the deepest sleep I know. This was not just a case of restoring the subconscious mind to its right sphere in the man's life. The adhesions, to my mind, were not functional. They were organic, and I did not claim to be able to cure organic disease. I do not make that claim now, except in so far as it is caused by a functional disorder. And to my mind this was just such a case. Thus, to effect a cure, I had to break down the adhesions, for, however fully I restored the subconscious to its proper sphere, the man would remain a cripple as long as the adhesions remained ; and as long as they remained the man could not be said to be cured.

I left the man in the trance state for some minutes before proceeding further. Then, taking off my coat, I set to work. It was a tremendous job. One by one the adhesions had to be broken by sheer physical force. I worked for hours, it seemed to me. What he could do to help me in his trance, he did. I used every ounce of force of which I was capable where his own power was insufficient. I worked, with rests to recover my strength—and I was a strong man in those days—till I was exhausted. When at length I had broken down the last adhesion, I was soaked in perspiration, and trembling so much that, with the effort over, I could not stand up.

I called the doctors and others back into the theatre. They moved the man's legs and arms. They tried his other joints—those joints that no one had been able to move for so long—and were amazed. Then I spoke to the man, still in his trance.

"You will not," I said, "feel any pain when you wake up. You will be able to move your joints as an

ordinary man. You will recover your strength, and on awaking you will suffer no ill-effects of the treatment which I have just given you."

I then made the man move his limbs, move them vigorously, and wave his arms and feet about. He did it perfectly. Then I let him rest. It was a long time before I woke him up, and before doing so I again suggested to him the things I had suggested to him before about his state after waking.

He was in bed when I awakened him, and when at length a doctor asked him what he could do in the way of physical jerks, he replied by moving his limbs as freely as if he had never been ill.

What I most feared was the aftermath—the spread of the inflammation which had been such a handicap to me in the operating theatre. But this also responded to suggestion, for I stressed that it would subside quickly on his recovering consciousness, and it gradually died away. He told us that he felt no pain and no ill effects, and, in fact, rest was all that it was found necessary to prescribe for him. Indeed, they gave him no medicine, though as a mental sop they gave him coloured water to drink.

For five weeks they kept him in bed, and then discharged him as cured. He obtained a job soon afterwards, I was told, in a garage, or as a mechanic, and when I heard of him some time later he was still following his occupation, and had had no recurrence of the trouble.

I have mentioned above a state of sleep which I called the "trance" state. The name needs explanation.

There appear to be several sleep states in hypnotism. But, generally speaking, they may be regarded as three—the light sleep, the deeper sleep, in which persons may

be made to act and obey commands, and thirdly, the trance, or cataleptic state, in which a total anæsthesia of the nerves supervenes, and, indeed, the whole function of the body, apart from the actual life-preserving apparatus, is in abeyance.

It is essential to realize that the sleep state does not cure of itself. I have found that if I can get complete control of the motor nerves of a patient in the waking state, I can communicate with his subconscious mind just as well as if I had him asleep. There are, indeed, a number of people who, from one cause or another, cannot go to sleep, whom I have cured of a number of different diseases. In fact, in a perfect state of existence—if there were any functional disease in it—I have little doubt that it would not be necessary to put people to sleep at all. But I have found that if I am to achieve a complete cure, in the majority of cases I must have the patient in a sleep state.

The different stages of sleep employed vary according as the cure to be performed is great or small. Generally the second state is sufficient, and in this state the patient can converse with the operator and help him in any way that may be desired.

The first state is little more than a semi-consciousness. The second is only that much deeper, by which the operator is enabled to keep control of his patient. The third is a state which no one can as yet fully appreciate. It is this state that one uses for any really big operation. One can achieve the most remarkable phenomena in a patient under it. It is the state one must use in cures involving any surgical operation. It is the state I used in the case of the Glasgow man suffering from rheumatoid arthritis, and the one I have

had to use in a few other cases during the course of my career.

Theoretically, it in no way differs from the other sleep states, so far as the working of the subconscious is concerned. Whether it brings into play any hidden force which cannot be reached except by digging down, as it were, into the depths of the mind, I cannot say. The same technique, the same method of dealing with circumstances as they arise, the same conditions, seem to be present in all three states. But in the deepest state there are rather different physical phenomena present from those present in the lighter stages.

The body attains a strength f rigidity not, so far as I know, attainable by any other means. The eyes turn upward, as they do in a person in a deep natural sleep—a sufficient proof of the naturalness of the hypnotic sleep state—there is a complete anæsthesia of the nervous centres, and surgical operations can be performed without consciousness.

Whereas in the first sleep state there is—or may be—a partial remembrance of what is going on, in the second and deep states there is no remembrance when the patient returns to consciousness.

In the deepest sleep state a man can be made to perform muscular feats which would have been impossible for him to do in the normal waking state. I have myself placed a man on two chairs, his head on the back of one and his feet on the back of another, and with nothing supporting his middle, who in the waking state could not brace himself sufficiently to lie in such a position for a second. And not only did I keep him suspended there for a considerable time, but while in this position I willed him to support on his body two men at once, who

threw the whole of their weight on to that part of him which had no support from the chairs at either end. The patient, who, of course, knew what I was going to do when I had put him to sleep, was a willing collaborator in the experiments I was then conducting, and never felt the slightest ill effects of any of them.

I would emphasize that these sleep states are all absolutely normal—even the deepest. I have never yet come across a single case in which the slightest ill effects were noticed afterwards. The first, or light sleep state, indeed, I have found to be beneficial of itself in a variety of slight cases ; and the deep sleep is of benefit, I have found, in cases of sea sickness, even when no suggestion has been made.

But the chief value of the deep state lies in its use in surgical operations, and in cases of epilepsy. It is of the greatest use in epilepsy. I have kept patients asleep for a day or more at a time, curing them of appalling nervous diseases while they slept peacefully, dreaming whatever I have suggested to them that they should dream. Here is rest for tired mind and body.

One of my early cases is that of Gertie Yates of Catford. She was nine years old at the time she was brought to me by Miss B. Gardner, whom I had the year before saved from a bad nervous breakdown, and who held an important public position at Camberwell. Gertie Yates was born blind. Her father testified to the fact in various newspapers at the time, when some attempt was made in certain quarters to cast a doubt on the fact, after the news of the cure was made public. The case appeared to me hopeless. The girl had been turned away from several hospitals as incurable. She had been accepted at the L.C.C. School for the Blind, where she had been taught to read Braille. I

thought long over the case before I at last undertook to essay a cure. I adopted no heroic methods. Indeed, I know of none to adopt. I have the one thing to do—induce sleep, and leave the patient to do the rest. I put Gertie Yates to sleep, and suggested to her that she could see. To my great surprise she said she could. I could scarcely believe it. Indeed, I often tremble to-day when I think of that case, to think how great a risk I ran in doubting my own powers in the matter. For I have found that not only must the patient be willing to be cured, and be willing for the cure, but that I myself must also believe. How that belief is necessary I cannot understand, unless there is some telepathic power in the subconscious mind by which my belief is communicated to the patient. But if that is so, how comes it that I can cure a person who does not go to sleep, or cannot cure some persons who are willing to believe and to be cured, despite the fact that I believe I can do it ?

These things, though, I did not know then. I have learned them by experience. Gertie Yates in her trance told me she could see. She could. When, after a short time, I awakened her, she proved to me, by describing things in the room, that she could see as well as I.

I don't think I shall ever forget those moments of her waking, and I suppose that those who have never had the experience can ever appreciate what I then suffered.

For a moment she sat still. Then she turned round in her chair, as though looking round the room. She turned to me, but sat silent.

At length, "Is that you ?" she asked. Then, pointing to my face, "Is that a face ?"

"Yes," I said.

"Let me touch it."

I did.

Then she touched her own, feeling it all over, just as she had felt mine.

"Oh, yes, so it is," she said. "It's like mine. And is that your hair? But it's not like mine! Mine's long. And what's that?" pointing to a picture. And so on all through the room. The sun and the grass in the garden were a particular source of wonderment to her, and the mirror on the wall was perhaps the most wonderful thing of all.

I do not think I shall ever have a more pathetic memory than that of that young girl, with dawning realization coming to her that at last she was as other young girls, and that her time of darkness was past. When the full knowledge came to her, she ceased talking and burst into a torrent of tears.

At the time, the cure attracted an enormous amount of attention in the Press; and I must repeat here what I had to emphasize repeatedly at the time, that this cure was nothing remarkable. It was just an ordinary manifestation of the normal principles of hypnosis, as anyone who has followed the simple facts so far set out in this book may see for himself. Miss Yates' eye, so far as the exquisite machinery of it was concerned, was intact. The retina was there; the optic nerve was there. All that was lacking was the will to cause these two to act in concert: to cause the subconscious mind to come up to interpret the objects reflected on the retina, and the will to transmit those objects from the retina to the brain.

Note the word "will". It is important. No doubt Miss Yates *wished* to see. To the best of her ability,

she no doubt *willed* to see. The cause of her blindness was that she could not communicate with her subconscious mind, and *command* it to do her bidding. "But," someone may say, "how many of us do that? We do not know anything about the subconscious, particularly in our infancy. We do these things instinctively." True. But Nature is very diverse. If we could understand all her ways we could ward off even death itself, it might be. My point is that Miss Yates' optical machinery was intact when I saw her. It was as intact as a system of household electricity is when the electrician leaves it, with only the main switch to be pulled down to connect the household wiring with the current at the main. All I did was to pull down the switch. I restored her subconscious mind to its proper sphere in her life. It may be that, even unknown to herself, she harboured a doubt of her ability to see, even though she was not aware of it. For lip-service is no good. You cannot fool the subconscious. That is where I came in. I was able to still the conscious mind, and, with that out of the way, doubt died. I was unhindered in my little chat with the subconscious, and a perfect cure was the natural and logical result.

Another case of blindness illustrates the point still further, for though it proves that hypnosis cannot perform miracles, it also proves what marvellous power resides in the subconscious mind to restore the workings of nature, if only there is a chance of doing so.

A widowed mother brought her young son to me. He had so painful an impediment in his speech that he could scarcely speak. He was her only child, and instead of looking forward to the day when he could help to

support her, her only outlook was of extra work to support him.

He quickly went to sleep, and in a few minutes I spoke to him.

"You can talk as well as I can," I said, "Now talk to me."

He talked. We had a long conversation, and his speech was perfect.

I let him rest awhile, still asleep, while I talked to his mother to prove that I was no magician. She said: "You haven't tried to cure his paralysis. His left arm has been paralysed from birth, and although he's had all sorts of treatment in hospital, they can do nothing for him."

I turned to the boy. "Lift up your arm," I said.

He obeyed.

"Now hold this book." He did so. "Now move your arm and have strength in it. You can, you know."

After a time I woke him up. He could speak as well as I could; he could grasp a stick. To-day his arm has become normal and is growing rapidly. But I can never cure his hand properly, for a surgeon, mistakenly operating on him in an attempt to cure him in the early stages, cut one of the small tendons, and two fingers will always be stiff.

Emboldened by what she had seen happen to the boy, the mother asked if I could help her too. She had, it seemed, an affection of the eyes, and was gradually going blind. The sight of one eye was completely gone.

"Will you go to sleep?" I asked. She consented. Ten minutes later I awakened her. She could see, though not sufficiently to read small print. Still, she was delighted.

Poor woman! When she woke up next morning the sight had gone from the eye again. I rang up the hospital where she had been attending, and learned that she was suffering from what is known as "white atrophy" of the eye. She had, so far as could be seen, no retina at all. Her case was hopeless. The wonder was, not that the sight left her after twenty-four hours, but that it ever returned for a moment.

As I have explained, organic ills cannot be cured except in so far as they will respond to improvement in functional health. Obviously, I cannot replace worn-out tissues. Yet that is what I had attempted, all unwittingly, to do in this case. It illustrates, perhaps more vividly than any other case I have ever had, the immense power of the subconscious mind, the tremendous effort Nature will make to get back to normality in even the most impossible conditions.

The boy I often see now. He is a particularly good subject, and he has been associated with me in a number of rather sensational cases which are told later in this book.

Cæsare Catterno was born blind. It was this fact that led to my seeing her. I put her to sleep, and suggested that when she woke up she would see perfectly. In time I woke her. For a time she sat still, looking round the room, but not speaking. I knew that her sight had come back, but I felt that something had happened which I did not know.

"Can you see that?" I asked, pointing to a picture on the wall—"and that?" (pointing to the window, the fire-grate, a mirror and other things). She could see them all, but still I felt that something was wrong. I got a book.

"Oh, what a funny thing!" she exclaimed, as I

opened it. Then I asked her if she could see the print. She could not: in fact, she could not see that there was any there.

It puzzled me, and at once I fixed up an appointment with the most eminent occulist of the day. I myself went with Miss Catterno.

The occulist examined her eyes. "I can do nothing for her," he said. "She ought not to see at all. No spectacles can help her."

Nor was it till he had proved the fact that she could see to his own satisfaction that he believed her. She had, in fact, practically no retina at all.

On the outer edge of the eyes, two small patches could be found with difficulty. By suggestion I had somehow managed to connect these up with the brain. The case is thus to a certain extent on all fours with the one just related, except that in the case of Miss Catterno there was a little of the tissue left to work with.

But a part cannot effectively deputize for the whole. All the retina is necessary for perfect sight, and Miss Catterno, though she could see things at a reasonable distance, was unable to focus her eyes on to the printed word—at least she was when I last saw her, though I heard some time later that she was beginning to do so.

For a long time I kept in touch with Miss Catterno, and she frequently visited me. Then one day she told me that she had learned to dance, but that she found difficulty with certain steps. She was quite ready to go to sleep when I told her that I might be able to help her, and under the influence of suggestion she performed her steps correctly and with ease. She danced again and again—normally conscious this time—and was able to execute the difficult steps with exactness and without hesitation. More; she was able to dance

more artistically and move more gracefully than she had hitherto been able.

When next I heard from her she was on the stage, earning her living as a professional dancer—a state of affairs brought about entirely by the rapid improvement and proficiency attained after her last visit to me and the treatment received. And I don't think I shall ever forget the thrill I had when first I saw her on a London hall, and the thought flashed through my mind that, when first she came to me, she was blind and almost unable to walk alone.

CHAPTER V

THE MIGRATORY MIND

The mind can function apart from the body—The boy who "followed" his father—Is the subconscious mind the Soul ?—The woman who died of drugs.

ONE of the most curious phenomena of the subconscious mind is its power to project itself over vast distances. It seems, in fact, to live in a sphere apart from the consciousness—a sphere without limitations such as we know them of time and space.

Speculation is interesting. I came across the phenomenon by accident, and I have since pondered the problem long and earnestly, but I must confess that, though I can always achieve the result, I cannot explain the physiological laws by which it is attained.

Obviously the "duality" of the mind is of far greater extent than anyone has yet imagined. Indeed, it is of my considered opinion that one day it may be revealed to us that the subconscious mind is indeed the soul of man. That is a theory that I shall develop later. I state it simply here in order that the reader may bear it in mind in reading the incidents related in this chapter. It may help to lift them out of the bizarre and to relegate them to their proper place in the science.

Quite definitely, then, it is possible for the subconscious mind to leave the body of a man in an hypnotic sleep and wander throughout space, observing

what it meets, and at the same time report, through the voice of the sleeper, the experiences encountered.

It is to be noted that the things observed and reported are not in the consciousness of the hypnotist, and that they can be things of which neither the hypnotist nor the person asleep has any knowledge whatsoever. Moreover, these reports are of ordinary events on our own material earth. They do not concern the spirit world.

I have already told of the test to which Sir Arthur Conan Doyle and I put a man one day when we were discussing the relation of hypnotism and spiritualism, and how the patient told us about Lady Doyle in her flat at Westminster while he himself, in a hypnotic trance, was sitting in my consulting-room.

But I have had other manifestations of this strange separation of the subconscious from the body ; and it is in the attempt to realize the significance of this separation that gradually the theory that the subconscious and the Soul may be identical, began to take shape.

One evening a youth of about sixteen—the son of a very old friend of mine—Mr. Jack Mardell, an official in the Portuguese Legation in London—came to see me, and in the course of conversation I happened to ask where his father was.

"I don't know," replied the boy, and by one of those unaccountable flashes which most of us have every now and again, I wondered what his answer would have been had he been asleep.

"Will you let me put you to sleep ?" I asked him.

He was soon off, and I asked the identical question I had put to him a few minutes previously.

He answered me at once, giving me the minutest details in reply to my questionings.

So amazed was I that I wrote down what he said, then and there, noting the time on the margin of the paper.

His father, it seemed, had gone out. For three hours I made the boy, by suggestion, follow his father through the streets of London ; into various houses and out again ; asking questions at five-minute intervals, noting them down, and the exact answer given, and entering by them the exact time of the report.

Without hesitation the boy told me all I asked—where his father was ; what he was doing ; to whom he was talking, man or woman ; what houses he entered and their addresses, and a host of other details, all of which I noted.

The boy did not leave the chair in my room from the time he went to sleep till his father returned home. He did not know of his father's plans that evening when he came to my rooms. Neither the father nor the boy knew of my intention to conduct the experiment. Indeed it was, as I have explained, only a stray thought which came into my mind, after the boy had come into my room, which had prompted it. The boy, when awakened, had no knowledge of the experiment, of the questions I had asked, or of the answers he had given.

I at once got into touch with his father, and asked him to come round to see me. I saw him privately, and he had rather a shock when, as my first question, I asked him if he had felt the invisible eye of his son following him. He had not.

I showed him what I had written down. He was staggered. For a few moments he did not speak. Then he asked for an explanation. I gave it to him. He could not believe it. Then he admitted that his

son's account of his movements, of the people he had spoken to, and of the scenes described, was accurate. Every note I had made was correct in the minutest detail.

Two promises he asked—and these I readily gave—one that I would never divulge what I had written, the other that I would "never send his son's spirit floating after him again". "Try it with someone else," he laughed.

It is impossible to account for this phenomenon by the ordinary manifestations of telepathy. In telepathy both agents are normally conscious, and themselves will the power by which the results are produced But in this case one subject, the boy, was in a hypnotic sleep, while the father was ignorant that the experiment was being conducted. As for me, I had asked questions, but I had done nothing else, and I knew nothing except what I was told.

Nor could it be explained in the analogy of spiritualism, for in spiritualism the medium is controlled by a spirit and acts according to that spirit's commands. In this experiment I was the controlling agency, and I am not a spirit. The boy, subjected to a hypnotic trance at my suggestion, saw, not what I ordered him to see in the sense that I put these visions into his mind, but what, in fact, were actual events.

I seemed on the threshold of a new world—a world invisible to us material beings ; a world of new spheres, fearfully real and wonderful when viewed only by those who have the eye of discernment, but a world unknown to us in our present state of normal consciousness.

What are the limits of that world ? Where is it ? Does the subconscious always live in it ? What is its

relation to the physical world we all know? What other "Things" inhabit it beyond the subconscious? How can the subconscious communicate from that world to ours? Is it in fact the World to Come, and is the Subconscious Mind—the Soul?

I have tried many, many times to answer those questions. Never have I succeeded.

I secured a patient one day for the experiment.

"I want you," I said, "to go to the school where my daughter is and tell me what she is doing."

"Go?" came the immediate answer. "I cannot, I *am* there."

"What do you mean?"

"Just that. I am there now."

"Of course, I told you to go and you obeyed me."

"No. I was there before you told me that."

"Explain."

"In the state of mind in which I am, there is no time or space, *at least as you know it.*"

"And what is your world like?"

"That I can't explain, and if I could you would never understand."

Such was the material part of the conversation. Such has been the answer I have received every time I have attempted to solve this mystery. I have tried with all sorts of subjects who have never heard of one another, and I have sent people on the most intricate journeys. Always I achieved the facts of descriptions of events; never have I obtained a description of this new world. I can never progress beyond that one point, and always I come up against the fundamental fact that in the sphere or state of the subconscious there is neither time nor space.

Mark the words, "At least as you know it". They

may yield the key of the mystery. The subconscious, speaking through a hypnotized patient, invariably talks in this way, stressing the absolute entity of his sphere as distinct from the world or sphere in which I am and in which the physical body of the hypnotized subject lives.

The subconscious stresses its own identity, separating it from the hypnotized person. And yet the subconscious speaks through the hypnotized patient, acknowledging him as part of itself, as it were.

The only parallel I can think of is the Holy Trinity —Three persons in one God ; yet not Three Gods, but one God ; divisible, yet a unity and indivisible.

And again I ask, Is the subconscious mind the Soul ?

It can separate itself from us in life. It can live in a world of its own while our normal consciousness is in abeyance ; it can observe ; it can report ; it seems to have a separate existence. The conditions of our being seem to affect it not at all. It is awake while we sleep. It can function while we sleep without regard to our physical condition. The laws which govern the body do not seem to affect it. Experiment has proved it. One may not experiment with death, but why should death, which in all other respects obeys the other physical laws of nature, differ in this single particular ?

If, when a man's body is in a hypnotic trance, the subconscious mind can separate itself from him and depart to its own world, what is to prevent that mind taking flight to that world when death, instead of a hypnotic trance, lays its hand upon the physical being ?

But that is the function of the Soul.

All mind is only a part of that Universal Mind, whose essence is God. Herbert Spencer says: "The force that is manifested in the Universe around us is the same force as that which wells up in ourselves under the form of consciousness."

Professor Macdonald, starting from the study of the eye, "which is formed before birth", has shown that the brain was mysteriously affected by invisible but untraceable "harmonies".

Whence are they? Are they in this world "without time and space as you know it"? Is that world the domain of the Universal Mind?

The cases of the sleep-walker—of which an instance has already been given—of a man under anæsthetic, definitely establish the fact that the mind and the brain are not always associated. There is at least the possibility, therefore, that the mind is an outside influence, only affecting the brain when the latter is in certain states. So much physiology has made clear.

Hypnosis enables us to push the investigation far further.

Take, for a moment, wireless telegraphy. Here is a force wandering at large through the world. It has no visible effect, however, till it comes into contact with instruments specially prepared to receive it.

Might not that be true of the brain? And might not the brain be the specially prepared instrument to receive the messages of this Universal Mind?

Hypnosis has uncovered, to a greater extent than ever it was uncovered before, that force—subconscious mind, universal mind, soul—call it what you will. At last we are approaching the time when we can examine it. It may be that it will reveal to us power over even death itself.

But what a message of hope for every one of us—that a man may, in fact, be ruled by the promptings of his own soul.

One of the most tragic cases of my career affords another illustration of this power of the subconscious mind to project itself to any place at the command of the hypnosis practitioner, and incidentally disproves the contention of those sceptics who, on the grounds that a man and his son may be in telepathic harmony, refuse to accept as evidence the case given above.

In this case, at least, the hypnotized man had never heard of the person whom he was asked to find.

There came into my rooms one day a man who, for the purpose of this story, we will call Jones.

"I've come about my wife," he said.

It was some time before he could continue, and I waited till he mastered himself.

He was a man well known in society, and I knew that his wife, who had been famous for her entertaining and her beauty, had for long been an invalid.

At length he went on : "She's paralysed, you know. It's incurable. She had a hunting accident, and this is the result. I've had the best men in Europe to her, and they can do nothing ; she's in Dr. ——'s hands now" (the name was that of one of the best-known physicians of the day).

"Then what do you want me to do ?" I queried. "I'm a neurologist, not a magician."

"That's just it," he said, "it's her mind I want cured. She's so desperately miserable. If only she could find a little peace—a little happiness, don't you see ?"

It was not far from the Jones's home, and within half an hour I was at the bedside of the wife. Even

her illness had not robbed her of her beauty. Her eyes were closed, but not in repose. Every shadow, every line, proclaimed desperate unhappiness.

I leaned forward, touching the thin, transparent hands that lay nervously twitching on the coverlet.

"Why do you take this stuff ?" I asked abruptly.

"What stuff ?"

"You know what I mean, I retorted. "This cocaine or whatever it is. It's killing you."

"Oh, you're mistaken," she said. "Doctor —— doesn't give me anything like cocaine. I wish he would. I don't want to live. I want to die, and I do so want to be happy again—just a little."

I felt she was lying, but I could not prove it. The signs I read were not sufficiently definite for me to push the matter further. Perhaps if I had not seen her there for the first time I should not have had the suspicion. Yet I felt I was right. And there was something so immeasurably tragic in her pathetic confession that the utter futility of it roused in me all my professional desire to show her the truth.

"Let me put you to sleep," I begged. "There is something in you that knows how to be happy without drugs—something which will make you want to live. If you will let me, I will find it for you while you are asleep."

But she refused ; nor, though I called next day and on many other days, would she ever consent.

Then one day Dr. —— called on me. He had heard my theory of drugs, and shrugged his shoulders.

"Impossible," he protested. "Where could she get the stuff ?"

"That I can't say," I told him. "But I do believe she's killing herself."

For some time we discussed the problem, and it ended in my sending for one of my favourite subjects.

Quickly he was asleep.

"We will see," I said. Then, turning to the sleeping man: "Go," I ordered, "to Mrs. Jones's bedroom in her house and tell me what you see."

Straight came the answer: "She is not there. The bed is empty."

The doctor and I looked at each other without speaking. Finally I said to the subject, "Where is she? Find her."

"She is next door, in her boudoir."

"What is she doing there? Tell us all you see."

"She is lying on a couch. A man is with her. He is standing over her, giving her something from a little green bottle. . . ."

Ten minutes later we were ringing the bell at the Jones's home, and without ceremony we passed up to Mrs. Jones's bedroom.

She was in bed, asleep.

For a moment I was nonplussed.

The doctor smiled. "Your intelligence service has gone somewhat awry," he said.

His tone nettled me. "Wait," I said, and, turning to the patient, who was now waking up, or pretending to do so, "Have you been here long?" I asked.

"Why, yes. I was asleep."

"And how about the other room?"

"Oh, yes; I've been there. My masseur came. He's gone now."

Going to the telephone, I summoned him back to the house. He was quite composed when he entered the room, but I was in no mood for prevarication.

"Come," I said, guarding the door, "for how long have you been giving this lady cocaine ?"

He hesitated, and looked at Mrs. Jones, whose horrified stare fixed him without quivering.

"No." I interpreted his thoughts for him. "No, she's told me nothing. But *I know.* Less than half an hour ago you were standing over her in her boudoir there, while she lay on the couch, giving her cocaine out of a green bottle. *You were seen.*"

It was easy after that. Mrs. Jones herself, it was, who had prevailed upon him. After the full and happy life she had led for so long her illness was a trial beyond her endurance. Happiness at any price, she had begged, and he had given in at last.

Poor woman, had she but known ! Had she submitted to me for but a few short minutes, she might have found the happiness she so pathetically craved ; might, in fact, with the newly awakened desire for life such happiness would have brought her, have gained the necessary strength of mind and will to achieve through her own persistence and with the aid of medical help the cure which would have perhaps in time restored her to the life from which she had been so suddenly torn. Might ! I cannot say for certain, because she would not listen, and I was powerless.

Two weeks later she died.

CHAPTER VI

HYPNOSIS AND THE SOLUTION OF CRIME

Murderers at large—How it would work—Sir Edward Henry and the Crippen case—More experiments—The case of the millionaire's will—The dying wife.

It was not long before my experiments with the separation of the mind from the body suggested to me a practical use for this side of hypnosis which should prove of definite advantage to mankind. In brief, it was that I should offer its help to the police in the elucidation of crime.

A reliable police estimate places at a little over fifty the number of unsolved murder mysteries in Great Britain to-day, *in which they are satisfied that they know the murderers, but are unable to prosecute because of some missing link or other in the chain of evidence already built up against them.*

These men and women—for at least four women are amongst them—are alive to-day, free and respected citizens. Had the police been allowed to use scientific hypnosis, not one of them, if guilty, could have escaped the gallows—except, perhaps, for penal servitude for life.

Of these cases, two stand out prominently in my mind: the case of the murder of Mr. Alfred Oliver, the Reading tobacconist, and of little Vera Hoad, the fourteen-year-old Chichester schoolgirl, who was found outraged and murdered in a field on the outskirts of the town.

Mr. Oliver was found murdered in his shop. Scotland

Yard sent down some of its best brains for the investigation. After weeks of work the chain of evidence was complete—all but one link. In the minds of those in charge of the case there was no possibility of doubt concerning the identity of the murderer. But suspicion, however well founded in the mind of a policeman, is a very different thing from proof required for a jury. For months after the public had lost interest in the case the search went on. Not for a minute did the police cease from their inquiries. But the missing link was never found, and the murder of Alfred Oliver will go down to history as one of the failures of Scotland Yard.

The case of Vera Hoad is similar. Here, again, Scotland Yard were sure of their man. In the course of their inquiries the police saw him and questioned him. They knew him to be lying, yet dare not voice their knowledge. For seven or eight years he has been watched in the hope that he might make just that one more slip which would enable them to fasten this crime on him. But he has never made that slip. The police still watch—and wait. And the murder of Vera Hoad remains, officially, unsolved.

This is not the place to discuss the Judge's Rules or the rules and regulations which govern our police in their investigations of crime, or their treatment of suspected criminals when caught. We still proceed in this country on the assumption that a man is innocent until he is proved guilty, and a confession extorted from a suspected man is not only forbidden, but will prove a bar to successful prosecution. Even cross-examination by the police is forbidden. As a friend of mine, who once held a high position in the police force, with whom I was discussing these things the other day,

said, "The wonder is not that criminals ever escape, but that any are ever caught."

I do not suggest that we should imitate the diabolical methods of the American third degree, or the American police methods of crime investigation—if, indeed, graft and brutality can be dignified by the name of method—which recent State investigations have shown to exist in the United States.

But there is a growing body of opinion in this country that our police are unnecessarily hampered by restrictions.

In other countries, and particularly in America, they go to amazing lengths to help the police. In America, indeed, scientists have discovered a "truth serum", which, it is claimed, will induce a man to speak the truth in spite of himself.

This serum, given by a hypodermic injection, apparently reduces the man to a state of consciousness bordering on sleep, and in this state the mind is so evenly balanced that the patient will invariably give the true answer to any question put to him, from the sheer inability to exert himself to think of a sufficiently convincing lie.

But such empiric methods are entirely repugnant to our code. On the other hand, I see no reason why scientific hypnosis should not be called to the aid of the police—particularly in those cases in which they have only failed to bring their man to trial for want of the single missing link in their chain of evidence.

The objections, at any rate, which we naturally have to the procedure adopted in America, do not obtain.

It would obviously be impossible to hypnotize the suspected man. Not only would the law forbid it—and quite rightly—but it would be useless, for no one

can be hypnotized against his will, and naturally no one would be prepared to allow himself to be put into a certain state in order that he might then be compelled to divulge thoughts and facts which he was anxious to keep secret.

As a matter of fact, the suspect need never know what was being done. It would not be necessary to speak to him.

The person to be hypnotized would not be the suspect ; but any subject who could be easily sent into the deep trance. The person hypnotized could then read the mind of the suspected person without any possibility of mistake, and the results of that reading would be communicated to the police authorities.

In other words, the crime could be reconstructed, not in the theories of the police, but on the story of the man who committed it—the story, not indeed, told by him in his own words, but as it remained pictured in his mind.

Nor would it be possible for the suspected man, while the test was being made, to think a lie with any hope of success. The mere fact of thinking a lie denotes the presence, at the back of the mind, of the true facts, and it is the true facts that will be read by anyone in a deep hypnotic trance.

Try for yourself to think a thing which you know to be untrue, and see how you are conscious the whole time of the truth which you are trying to distort.

Many times I have proved this by experiment, and only a short time ago illustrated the point to a young investigator who was especially interested in this particular phenomenon.

A young patient was with me at the time, asleep. I took the young journalist into the same room.

"What is that man's profession?" I asked the patient, who, I may state, was only in the first sleep stage, whereas for the best results for this thought-reading, I prefer the second, or even third.

That may account for the moment's hesitation before he replied: "He's thinking 'I am a doctor, and my name is Morgan'. Really he is a journalist, and his name is Robinson. That thought is what you call at the back of his mind, and is the truth."

At the time of the famous Crippen case I went down to Scotland Yard and offered to solve the mystery for the police if they would take me, with a subject, into the presence of Crippen.

I saw Sir Edward Henry, the Commissioner of Police, himself.

"Let me be brought face to face with Crippen," I said, "and take with me a patient whom I may put to sleep there, and I will tell you whether or not Crippen committed the crime, and, if he did, every detail of motive and action."

Sir Henry was powerless; but he was deeply interested, and in an effort to stimulate his interest to the point of permission, I put my patient to sleep then and there, in his room at Scotland Yard, and told him to read Sir Henry's thoughts.

"He thinks you're off your head," was the instant reply.

Sir Henry burst out laughing.

"He's right," he said. "But tell me what I am thinking about now."

Five minutes later the Commissioner was a firm believer. But it made no difference.

"Had we been in Egypt," he said, "I would have done it. They use hypnotism there, I am told, though I have never seen it done. But here it is impossible."

And with that I had to be content.

I have often wondered what would be the position if a man, who was unjustly accused of a certain crime, were to ask to have the case put to an hypnotic test. For it should be realized that no possibility of a mistake arises when hypnosis is used. A man could not be unjustly accused, or, justly accused, would offer evidence which would secure his own conviction.

A question asked of A in the presence of B will start a train of thought in the minds of both. If B is guilty, it is impossible for him to hide the fact. The ordinary psychological phenomenon of association of ideas comes into play. Now, that association of ideas is automatic. It is the stark truth. The ideas conjured up are not the things one wishes to be, but the things which actually were. And, as I have already stated, it is impossible for anyone to hide them beneath a covering of lies, for the whole mind lies open to the subconscious.

But I have advanced far since that day, twenty-one years or so ago, when I went to Sir Edward Henry with the offer of help in respect of Crippen ; and if the researches I am still pursuing develop according to their present promise, it may safely be prophesied that scientific hypnosis will form one day not only a part of the regular routine of criminal investigation in this country, but play a great part in the lives of every one of us.

The question naturally arose : If it is possible for a subject in an hypnotic sleep to read the mind of a person in whose presence he is, and if, as other experiences have shown, it was possible for the subconscious to function apart from the body and to see and report things that occurred in some other place,

why should not a person in a hypnotic trance be able to read the mind of a person at a distance ?

My first experiments were on a very small scale. I would try them on anyone who would lend himself to the purpose. It became almost a parlour trick for the entertainment of my friends, to put one of them asleep and get him (or her) to read the minds of all the others in the room. I would put all sorts of questions at random to the sleeper with the object of starting some train of thought or other in the mind of the person being "read", trying to bring back to memory some long-forgotten incident; and the experiment was often successful to an unexpected degree.

But it was always necessary, at first, for the two persons concerned to be in the same room.

We would start in the same room, and then I would get the one who was awake to go farther and farther away, till he was in the far corner, it might be, or even in the passage.

So long as the door was open, all would be well ; but once the door was closed the sleeper would be unable to continue.

One day I happened to have the subject in a deeper sleep than usual, and found that the closing of the door made no difference. At my direction she slowly moved downstairs, and all the time the sleeper upstairs read her thoughts. At last she reached the kitchen—the farthest part of the house—and there remained, with doors and windows closed. And still her thoughts were read.

Here, at last, was an advance. What is more, I have been able on every occasion since on which I have tried it to reproduce the phenomena. And soon I was to get an opportunity of putting this new

power to the test, which was far in advance of anything I had yet tried.

News of this achievement reached a young man who, on his expectations from an uncle, had been having the time of his life. He had a good allowance, but it was entirely inadequate for his then style of living. One can hardly blame him, perhaps. He was a favourite nephew. He had always been under the impression that he would be almost the sole beneficiary under his uncle's will, and as the old man was a millionaire, and in not too good health, it was not difficult to secure sufficient advances from moneylenders and others for his rather indulgent fancies.

Unfortunately for him, an unexpected love of life on the part of his uncle coincided with—or possibly inspired—an unexpected concern on the part of his creditors about their money.

He came to me. Could I really read minds at a distance, and, if I could, would I please tell him his uncle's intentions, for he had written to him on the matter and had been told off in the best avuncular fashion.

I used F—— as the subject, and put him into a deep trance. We knew where the uncle was at the time, and I asked F—— to read his mind and discover what amount had been left to this young man in his will.

It was some minutes before F—— replied. In fact, I was beginning to think the task beyond him, when he began to speak very slowly and haltingly.

"He will get hardly anything at all," he said.

"Don't be a damn fool," broke in the young man. "I know my uncle will leave me nearly all he has. Erskine, you've failed."

F—— again spoke. "He has not left you even a

third ; much less, in fact, and even that includes a useless farm in the wilds of Africa."

Despite the closest questioning, we could not shake F—— in his statements, and my young friend went away satisfied that in this, at least, I was pretty hopeless.

It was nearly a year before I heard from him again, and he then came round to apologize.

His uncle had died a few days before. He had seen the will. The old man had left to him nothing like a third, and it included a useless farm in the wilds of Africa.

Now that test was not exactly similar to that of reading what a person may be thinking at the moment of reading. We had no proof that the uncle was thinking of the will at the moment when F—— was asked to find out what had been left to the young man.

What F—— did was to evoke *from the past* a specific operation of the uncle's mind. The uncle, no doubt, would have remembered what provisions he had made for the nephew in the will, but, as I said, so far as we knew, he was not consciously thinking of it at that moment. The ordinary theory of memory as an operation of three parts—perception, wherein the thing perceived is photographed on the mind ; retention there of the image ; and recollection, wherein the retained image is evoked at will—would no doubt account for it. But it seemed to show that the retained image was there, not hidden away till it should be called out of its hiding-place, but plain for all to see who should know how to look.

That is an aspect of the mind which, as far as I know, has never been developed by any psychologist.

If this surmise on my part is correct, it means that the past thoughts of everyone are open to be read by the subconscious mind, even though the person under scrutiny is not thinking of anything in particular at the moment of being read.

"Photographically lined
Upon the tablets of my mind"

is a literal as well as a figurative truth.

So much for the past. What of the future ?

And here let me say at once that, though I have been asked hundreds of times to look into the future for patients, I have always refused.

But that the subconscious mind could read the future as readily and as accurately as it can read the present and the past, I am firmly convinced.

Twice in the course of my career I have had the future foretold to me when I had not asked for it. Of one occasion nothing will induce me to speak ; the other, tragic though it was, I will give now, for it bears on the present argument.

For some weeks I had been treating a woman for nervous exhaustion with very little or no success, for the simple reason that she would not allow me to put her even into the light sleep state, which was all I required to achieve a certain cure.

Disheartened, she had at last ceased to come to me, and I was a little surprised, therefore, when, about a month later, her husband rang me up with the urgent request that I would go round to see her.

I found her in a state of complete collapse, and barely conscious.

"For goodness' sake tell me what is the matter with her," he said.

"That," I replied, "is a physician's task. I can do nothing here."

But he was urgent, and at last, in response to his insistence, I sent for F——, and, after getting him to lie on the bed beside the woman, put him to sleep.

For three or four minutes he lay perfectly still and said nothing. Then, reaching out his hand, he took the woman's wrist and, pulling her arm over to where her husband and I stood, said :

"Look ; it's her arteries, you see."

I could naturally see nothing.

"What do you mean ?" I asked.

He replied: "The yellow particles. Look. It's the injections."

I turned to the husband.

"Oh yes," he said. "Perhaps I should tell you. After she stopped going to you she went to another doctor" (giving his name). "He is treating her, and a few days ago decided to give her some injections. He gave her one, and yesterday gave her another. When she collapsed like this I sent for him, and he says he will give her no more. It must be those that he is referring to."

Now that was the first I had heard of a doctor, and I was going to ask more about him, when F——, who still held the woman's hand, stretched out his other hand and pulled my head down till my ear was by his mouth.

"They've killed her," he said. "She will die to-morrow morning at six o'clock."

"What does he say ?"

Naturally I could not tell him.

"That she is to have no more injections," was how I interpreted his message.

"Let me know how she goes on," I said as we left.

I was having breakfast next morning, when the telephone bell rang. It was the husband. His wife had died that morning at five minutes past six.

Omitting the prophecy, consider for a moment this case and the case of the millionaire's will.

In both these is an interpretation of a past act not within the knowledge of the sleeping subject. In the case of the millionaire's will, the phenomenon was, I think, brought about by a peculiar type of thought-reading of which the subconscious seems capable. But in the case of the dying woman, whose mind could F—— have read? I do not think it was the mind of the woman herself, though certainly she would have known all about the injections. But would she have known about the yellow particles? And would she have been able to prophesy her own death? I think not. On the other hand, I do not see how it could have been the mind of the doctor, for though he might have known about the yellow particles, he certainly would not have been able to foretell this woman's death.

As a matter of fact, I do not think he would have known about the yellow particles, for had he done so he might have diagnosed her condition and have been able to do something to alleviate it.

But if F—— did not read anyone's mind, where did he get his information? Do we come back to the Universal Mind? And if so, is this the seat of memory, the seat of all past deeds of all people, situated in it?

There may seem a presumption that this is the case, but I am unable to prove it—yet. If it were the case, we should expect that a subject in the sleep state could read the past in respect of any and every individual

in the world. And that is a test in which I have never yet succeeded, though I have tried many times, under all sorts of conditions.

It may seem strange, taking the lessons of these two cases, that scientific hypnosis cannot be of greater help to police than is actually the case at present. But the fact remains that, with our present knowledge, great though the help may be that hypnosis can give, it cannot *of itself* solve any given problem.

I cannot, for instance, put a man to sleep in my consulting rooms in London, tell him that a crime has been committed in, say, Manchester or Aberdeen, and make his subconscious mind fly at large over the country till he picks out the criminal, and then read his mind and tell me how and why the crime was committed, the name of the man and where he would be on a given day at a given time so that he could be arrested by the police. Such an achievement is impossible at present.

I would not even like to guarantee that once a man is suspected of a crime I could, without a single failure, read his mind *at a distance* and so put the police in possession of those facts which would enable them to collect evidence leading to a certain conviction, even though I think that in the vast majority of cases I could do so if I had a sufficiently apt patient.

But I can guarantee that, put into sufficiently close contact with the suspect, I will read the truth of his mind by the aid of a sleeping subject.

Much research will have to be undertaken before the wider and more general powers of hypnosis are available. But I am nevertheless confident that one day they will be accepted as a commonplace of our everyday life.

CHAPTER VII

HYPNOSIS AND SPIRITUALISM

No connection—The adventure with the Japanese control—The doctor's spirit—"Alice"—The boy who went into the "next world" and what he saw there—More speculations on the Soul—Do the dead and the living inhabit the same sphere ?

A FREQUENT question by inquirers into hypnosis is, "What is its connection with spiritualism ?"

It was one which the late Sir Arthur Conan Doyle asked, and which he long studied under a variety of conditions. He and I together have constructed many experiments in an effort to find the connection, if any ; and in the end he formed the opinion that there is no connection whatsoever.

Some of the cases I have already quoted may lend colour to the contrary view, but a very little reflection will show that the connection is more apparent than real.

I have never yet found a patient who was able, in a hypnotic trance, to do what he would have been unable to do when normally conscious, had he known how to do it.

For instance, a man who, when normally conscious, could not speak French or translate a passage of Greek, could not speak French or translate Greek when in a hypnotic sleep. Yet such a thing is common in spiritualistic séances. In hypnosis the patient is "controlled" by the conscious operator—the hypnotist ;

the patient wills the sleep state and acts in concert with the operator. In spiritualism, on the other hand, the medium goes into a trance and is controlled by a definite spirit; the extent to which the medium is a willing factor has not, so far as I know, yet been fully calculated.

Certain of my experiences would rather lead me to believe that spiritualism and hypnosis are definitely opposed. I do not believe they can be, for both are productive of so much good, but what is one to make of the two following episodes? I offer no explanation; I have not studied spiritualism sufficiently to do so. These phenomena, I know, puzzled Sir Arthur. He could offer no explanation. I leave it to other spiritualists to explain it for themselves.

A man brought his wife to me to cure of a nervous disorder. She sat down in the chair, and I was about to tell her how easy it was to go to sleep, when suddenly her whole demeanour changed.

Instead of going off to sleep peacefully, she stiffened herself in the chair, spluttering and spitting and waving her arms, and jabbering in a (to me) unintelligible manner.

Nor could I quieten her.

I sat still for a few minutes, hoping that the paroxysm would pass, for in the whole of my experience I had never met such a case. The control, certainly, was not mine, for I had given her no suggestion.

I turned to her husband. "What is this?" I asked. "I am helpless. Can you do anything?"

He just smiled. "She'll be all right in a minute or two," he said.

"Yes, but what is this devil possessing her? Can't you help me cast it out?"

That scared him a little. "Hush, hush!" he whispered. "It's no devil. Perhaps we should have told you. We're spiritualists. Her control is a Japanese. He always uses her like this."

"Devil or not," I rejoined, "it's obvious he doesn't like me. Help me cast him out."

Therewith, getting up from his chair, he crossed over to his wife, and, making several weird passes before her face and shaking his fist over her head, said roughly, "Go away! Go away! Go away!"

Apparently his admonitions had the desired effect, for his wife became quieter, and gradually she recovered her composure.

A day or so later I had a letter from them asking me if I would see them again in order that I might put his wife to sleep and cure her of her nervousness. But I refused. . . . It may have been that the spirit was hostile to me; it may have been for some other cause. I do not pretend to know.

The spiritualists themselves cannot account for the events in this instance. I have discussed the matter with many, but all are equally at a loss. And there, until research has thrown light on matters now dark, the question must be now left. One cannot tamper with the Unknown.

On one other occasion I had an experience which dealt directly with spiritualism, and this, again, shows the infinite perception of the eye of the subconscious mind.

In a former chapter I recounted the story of a widow's son, whom I cured of stammering and of a paralysed arm. I often see the lad, and he is apt to bound into my rooms quite unheralded, when he thinks I am alone.

One day he came bounding in, waving his "poorly arm" in the air and singing at the top of his voice, when, as luck would have it, I had a patient with me.

He was an elderly man—Smith, we will call him—on whom a peculiar malady had fallen. He had become set, rigid, sphinx-like, in a sitting condition. He seemed almost ossified. He could not walk, he could scarcely move, but day and night was in that one position, his hands resting on his knees, looking neither to right nor left, unable to feed himself, and scarcely able to talk.

My own trouble with him was that he would not consent to go to sleep, and, as I have explained before, though in certain cases I can do a great deal when the patient remains conscious, for bad cases I always prefer to operate in the sleep state, because of the absolute power I then get over the subconscious.

In Smith's case, after many sittings, I had managed so to loosen his joints that he could dress and undress alone, could walk up and down stairs, feed himself and do all such things, if allowed to go without hurry. But I was not satisfied, and I knew that if I could once get him to consent to go to sleep I could completely cure him then and there.

I was again trying to persuade him to go to sleep when young Arthur burst in. (He had not heard what we were talking about. I asked him afterwards.)

"Now, Mr. Smith," I said, when I had explained the boy's presence and told his story, "you shall see a patient asleep." And, seating Arthur in a chair, I sent him into a trance.

For Smith's benefit I put the boy through his paces, as it were, and Smith then asked me what the boy could tell us.

"How many people are in the room ?" I asked.

"Three—you, the old man, and myself."

"No one else ?"

"No."

Then I thought of my Japanese experience.

"See any spirits ?" I asked.

"Yes."

"Where ?"

"Behind that man's chair."

"Tell us about him."

"It is an old man. He has a long white beard and white hair, parted in the middle. On the top of his head it is thin, but by the ears it is bushy. He has a long black coat on. He has his hand on the shoulder of the man in the chair, and he's talking to him : 'Why don't you listen to Erskine' (there was no Mr.) 'and do as he says ? He'll cure you if only you'll do as he asks you. You know, I know what I'm talking about.' That's what he said. He's gone."

I woke the boy and he went home. He had no idea what he had seen, or what he had told us.

Smith sat quiet for some time.

"That's wonderful !" he said at last. "That boy described my father to me just as he was before he died, twenty years ago. He was a doctor with a big practice. So long as I can remember, he never wore anything but a frock coat. And his hair was just like that."

But even that "message from the grave", as he called it, failed to move him. He still refused to go to sleep. However, he is progressing slowly, and I still hope that I may cure him in the end.

A third case is that of a London woman who was shell-shocked during an air raid.

She came to me and readily consented to go to sleep, but hardly had I begun to try to get her into a sleep state before she began to splutter and spit in an apparent attempt to speak.

I sat back in my chair, and in a few minutes she got up, and, coming to where I was sitting, stood by my chair and spoke to me in a small childish treble—not at all like her usual rather deep contralto voice.

It was obvious at once that for some reason or other she thought she was a little child, and I humoured the suggestion.

"Who are you ?" I asked.

"Alice," she replied. "I went over—what you call died—when I was only twelve years old, but I've come back now."

"What have you come for ?"

"I don't know, but I'm here."

Suddenly she turned, and, looking at the chair she had left a few minutes before—she was still by my side—pointed behind it and, in a terrible fright, shouted, "Oh, look !" and buried her face in her arms.

Quite naturally I could see nothing, but I had my previous experience to help me, and, determined to get to the bottom of it, I continued to humour her.

When she had recovered a little I asked her what it was.

"Look," she said, "there's an enemy behind that chair. Do all your patients sit in that chair ? He hates you, and tries to upset your work."

"What is he, a devil ?"

"What you call a devil—yes."

"Tell him to go to hell, then," I replied with some feeling.

That seemed to break the spell, for she left my side and, walking over to the door, beckoned to me. Then, pointing to the ceiling in the far corner of the room, she said, "Do you see that light there? Keep in that and you will prosper in your work."

I had a great difficulty in waking her, and then I asked her, "Who is Alice?" The question seemed to take her entirely by surprise.

Alice, it seems, was her little sister. She had died when she was twelve years old. That was the only time this patient ever mentioned her. I knew nothing of her family history when this incident occurred. Nor had my patient, when she woke up, any knowledge of what she had said or done in her sleep.

Personally, I do not think it was an hypnotic trance she was in at the time. The difficulty I found in awakening her was too great, nor had I made any hypnotic suggestion to her when she left her chair and came over to me. She was not reacting to my suggestion at all, for throughout I gave none. On the other hand, this case gives a positive illustration of antipathy on the part of something to an hypnotic influence. ". . . an enemy . . . he hates you; he is trying to upset your work".

All the foregoing were cases which had come to me in the normal course of my practice. They had raised all sorts of questions in my mind concerning the relation of hypnosis and spiritualism, and I determined, when a suitable opportunity occurred, to make the most searching possible test into it.

The question was, how to conduct the experiment and whom to ask to help me in it. My patient was not to be chosen lightly, for the test I had in mind was nothing less than to send someone in a hypnotic sleep

into the next world, and get him to report to me precisely what he saw there.

The experiment, I felt, was not unattended by some risk, for though, normally, I worked with the subconscious mind in effecting control over the body, it was an entirely different proposition to send that mind into a spirit world where it might encounter I knew not what. Would the mind encounter spirits, and would they be hostile or friendly? Could they influence it and take the control out of my hands? And if they did, what would be the result?

These, and many more questions, were raised in my mind, and I was still pondering the advisability of conducting the experiment, when Mr. Mardell, of the Portuguese Legation in London, called on me.

I have already told the story of his young son, how he followed his father through London and reported accurately to me in my consulting room precisely what his father was doing.

Mr. Mardell and I discussed the matter of spiritualism, and so interested did he become in my projected experiment that he suggested then and there that we should call round his son and use him as a subject.

I could ask for no better subject. Young Mardell was the perfect subject. He was a deep trance subject, and I knew him well.

We sent for him at once, and without telling him what I intended to do, I put him into a deep trance.

"Go," I said, "into the next scene, where the spirits are, and tell me all you see."

There was complete silence for about three minutes, and then he burst out with a terrific argument with someone, speaking so quickly that we could scarcely catch the sense of what he was saying.

Apparently he was disputing with someone who objected to his presence, for I caught one sentence.

"I have as much right here as you," he said, and then the argument continued. Naturally we could only hear the boy's voice, but there was no doubt of the trend of the discussion.

As for the boy, he worked himself up into a terrific pitch of anger. Perspiration was on his forehead. He gesticulated wildly, thumping the arm of the chair in which he was sitting, and going red and white by turns in his excitement.

At length, for his sake, I thought it advisable to call him back, but for once I had the greatest difficulty. He was so engrossed in his argument that mere suggestion was useless, and it required a direct command, sternly and repeatedly given, to bring back his attention to me.

"Come back now," I ordered.

"Wait a minute," he replied.

"Whom are you talking to ?"

"A man."

"Where are you ?"

"I don't know."

"What does it look like ?"

"Nothing. What you would call the atmosphere, I suppose."

"What is that man like you are talking to ?"

"A man."

"How is he dressed ?"

"No clothes on at all."

He hesitated a moment ; then : "He has a message for you, Uncle" (a name by which he used to know me). "He says : 'Tell the man that if he sends people into this sphere that he knows nothing about, and they

realize that they are not in the body, it is quite possible that they will not return.' ''

The boy stopped, and then, after a moment, he went on : "He says, 'Warn him three times.' ''

Those were the last words he spoke to me in that trance. I let him sleep for a time to recover his calm, and then woke him up.

He was none the worse for his adventure, and he remembered nothing of what had happened.

It is, perhaps, advisable that I should stress the fact that I am not a spiritualist. On the other hand, I am not bigoted. I am prepared to be convinced, but I have never yet succeeded in convincing myself that spiritualism is the Truth, even though at times I have reached conclusions through the medium of hypnosis that lead me far on the road to spiritualism.

My theories, I know, have deeply interested responsible spiritualists with whom I have discussed them. I hold definitely, for instance, that spiritualism and hypnosis meet on a common ground somewhere, but the exact extent of that common ground I am unable to define, and till that problem can be solved, I do not see how I can accept spiritualism as a faith. That, indeed, is a very different proposition from admitting a scientific contact.

Having now made my position clear in the matter, I will refer to an experience of Mr. Harry Price, head of the National Psychical Research Laboratory, which brings an entirely independent testimony to the point under discussion.

Mr. Price was at a séance where a message from the late Sir Arthur Conan Doyle was received. Recording the experience later, Mr. Price wrote :

It is just possible that the views expressed by the entity calling itself Doyle were emanations from the mind of the *living* Doyle, which had in some way become crystallized, and had been picked up by the medium in the trance state, just as one tunes in a radio set.

Now that theory was hailed as revolutionary. But was it as revolutionary as it seemed ?

I have already expounded my theory that the subconscious mind may be the soul, and quoted the opinion of Professor Macdonald in part substantiation, and it is not a far jump to the question, Was it to the soul of Sir Arthur that Mr. Price was speaking ?

In Mr. Price's question, the word living—the italics above are mine—is, in my submission, the important word.

For a moment we will dismiss the experiment with young Mardell, but will take the other experiences I have recounted in this book :

(i) The first case of young Mardell when he followed his father in the spirit ;

(ii) The case of the man in a hypnotic sleep who reported to a doctor and myself the drug episode of the masseur ;

(iii) The case of young Arthur, who reported to me a message which the spirit of the dead Edinburgh doctor was giving to his son.

Now the first two cases prove beyond possibility of doubt the ability of the subconscious mind to dissociate itself from the living body and to function apart from it.

The case of the Edinburgh doctor spirit proves that the subconscious mind has the power to hear—and if hear, why not speak to ?—and see the spirits of those we know as dead.

It would thus seem, then, that the spirits of the dead and of the living are able to inhabit the same plane or sphere—call it what you will.

Now, if the subconscious mind is indeed the soul, there is nothing unusual in this. The soul is immortal. We cannot, therefore, conceive it as being confined within the limits of our earthly bodies. Yet it must inhabit some world.

Again, if the soul is immortal, it cannot have been born of mortality. Whence, then, did it come ?

And is not the world from which it came that to which it returns ? And if it is not confined to our mortal bodies, does it not roam at will in that world during our lives, and yet keep in touch with us ? If it goes back to that world at will, would not it find there the other souls, not only of living beings, but the souls of mortals who have gone over—spirits ?

Thus you would account for the experience of young Mardell in the following of his father, and the experience of young Arthur with the spirit of the Edinburgh doctor.

It is the subconscious mind, in my submission, that is the agent of interpretation for the senses. It is universal. What, then, could be easier than for young Mardell to communicate subconsciously with the subconscious mind of his father. All that was necessary for that achievement was that I should tell his subconscious mind to do it. And the same holds of the other case. Dead, or living, it makes no difference.

It is a peculiar fact, and one which to the best of my knowledge has never been stressed, that in the reported utterances of spirits through the medium of spiritualism nothing inconsistent with the characteristics of the man when alive was ever reported by him when dead.

Is not such a continuity of characteristics to be

expected when one is dealing with the same entity? We see the working of the subconscious mind in our living state, in our thoughts and the actions of our bodies. We can, in life, get behind the veil of the body by hypnosis and discover the character of the motive power. Is it not only consistent that when, in death, spiritualism achieves the same thing, an identical set of characteristics should be revealed?

The more one speculates on this identity of the Soul and the subconscious, and the calling up of them, the more one becomes convinced that spiritualism and hypnosis meet somewhere on a common ground. It is along such lines, I believe, that future investigation of spiritualism must lie. Here hypnosis can lend a valuable aid. By its application to living persons it can provide a body of data for contrast and comparison which would otherwise be unavailable. It will give new jumping-off ground for enquiry, and facts as opposed to speculation, on which to rest hypotheses and theories.

But such enquiries are not for me. I am not sufficiently versed in the canons of spiritualism. I merely suggest these thoughts to those scientific Spiritualists who may desire further enquiry, and for the general reader I put them forward as but another manifestation of the omnipotence of the Deity, and as but another side of the wonder of the subconscious mind.

CHAPTER VIII

DRINK AND DRUGS

Dr. Brown's testimony—The man from Buenos Aires—The drink and smoke ban—Another drink cure.

In October 1930 a great deal of public attention was given to an utterance of Dr. W. Brown, psychotherapist to King's College Hospital, London. He was speaking at the Church Congress, and in the course of his address (I quote from the *News-Chronicle* of that year), said :

> We must not be too ready to believe that modern medical science has the truth in general in regard to health and disease. . . . Many patients ask to be hypnotized. . . . It is only in special cases that hypnotism is used, and never without the consent of the patient. The sort of cases where hypnotism is justified are cases of drug addiction, alcoholism, and certain perversion of the instincts.

The announcement was received with a certain amount of incredulity in some quarters, and with wonder in others. But those who have followed me in this book so far will realize that the cure of the drug or drink habit is nothing more than another manifestation of the working of the subconscious mind. Such cures are in no way different from those of paralysis or blindness which I have already given. The subconscious, restored to its proper sphere in a man's life, will achieve changes in his outlook on life, in his habits and his modes of living, in his character and personality, just as surely as it will achieve the more spectacular victories over disability.

A little thought will make the matter still more clear. The breaking of the habit of drug-taking or of smoking or of drinking is, after all, merely a matter of will. I mean that anyone can refrain from taking a drug or a drink, or lighting a cigarette. To refrain is a negative act. It may be difficult ; it may bring in its wake all sorts of physical reactions which, in their accumulation, make the subsequent craving so unbearable that a complete physical collapse may result. But nevertheless the act of refraining is negative.

The act of willing a cure of, say, paralysis, on the other hand, is definitely positive. One has not to cease from doing a certain thing ; one has to overcome an inhibition in order to achieve something else. And as I have pointed out, we cannot fool the subconscious. Will power, sheer and dominant, alone suffices. There must be no faltering, no doubt, no half-heartedness.

It follows, therefore, that hypnosis is an invaluable aid in overcoming drink, drug, smoking or other habits, for such victories are not instantaneous. They are only achieved over periods of time, and they are achieved to an even greater extent than physical cures by the patient himself.

If the patient has the will to be cured, his cure follows automatically, and is attended by none of the gradual breaking-down processes inseparable from the ordinary medical treatments of drink and drug addicts.

Medically, it is generally found that a man must be weaned gradually from drink and drugs. Reaction too often sets in. The nerves, pampered and weakened from prolonged surrender, exact their toll when their desires are no longer granted. Nervous breakdown in any one of a hundred guises supervenes. Mentally and physically the wreck is complete.

It is in such cases that hypnosis scores. There are few addicts, even the worst, who at one time or another do not make up their poor minds to reform. Their good intentions may not last more than an hour or so ; but let them be taken in hand in that hour, and a cure can almost be guaranteed.

A man cannot be hypnotized against his will. But when in the reformation mood a man can be put to sleep, and the will to reform can be strengthened and perpetuated. A bright outlook is substituted for the morbid. The rest is easy.

Physically, hypnosis can help. The greatest enemy, as I have stated, from which a drug or drink addict suffers is the revolt of the nerves and the incessant, insatiable craving which ensues upon the cutting off or diminishing of the supply.

But this craving is mental, or at least functional; and in a state of hypnotic sleep can be removed by the mere power of suggestion. Drink and drug cures by hypnosis, therefore, suffer none of the distressing symptoms associated with other cures. The will to drink, or take drugs, is abolished by suggestion. It never recurs.

As suggestion in hypnotic sleep can be used to banish existing physical disability, so can it be used to obviate a possible future disability or physical reaction following a given line of conduct.

Indeed, I have found that not only can the will to drink be abolished by suggestion, but that, even in extreme cases, suggestion can also banish physical reaction.

Another important point—and I do not know that it applies to any other drink or drug cure known to man—is that drink or drug need not be cut off forthwith,

but that they may be taken in moderation without fear of a return of the old vice.

The reason is quite simple—it is the will which is at work, a will which says, "You shall not drink to excess", or, "You shall not drink at all." And the will, properly adjusted, is paramount.

It is difficult to speak of the permanence of such cures by hypnosis; one loses touch with patients. Some whom I cured and with whom I kept in touch for two or three years after their last treatment I have not heard of for some time; others have been cured at too recent a date for me to bring them forward as permanent cures, though I am satisfied in my own mind that they are. It is, moreover, necessary to be doubly careful in the case of drug and drink addicts. Medical experience is to the effect that cures wear off. My own experience—and I have had many hundred cases through my hands—is to the effect that hypnotic treatment is permanent. In all those cases with which I have been able to keep in touch, the cure has remained, even after many years. But I have lost touch with many patients. Some may have slipped back. I do not know. All I can say is that I have never met one.

Here is a case in point. Early last year I had news of a case I had treated—and cured apparently—five years before. It was of a young man whom we will call Wivvles. His trouble was a bottle of whisky a day—often a bottle and a half.

He tried himself to give it up and failed. I saw him three or four times, and then, though I knew I had cured him, I lost sight of him.

Early last year a man and woman came to me unannounced.

"I want you to cure my wife of drink," said the man,

pointing to the woman. "I've brought her from Buenos Aires for that purpose."

"But how on earth did you hear of me there?" I asked.

"You cured my secretary—well, he wasn't my secretary then; a man named Wivvles. He's never drunk since, and he advised me to bring her to you."

Wivvles, I should add, went to sleep only once to the best of my recollection. As for the wife, she didn't want to give up drink, and I was powerless.

Here is a case over which I often laugh with the patient. He bears the name of a family famous throughout the world for its riches; but even in the wealthiest families there is some branch none too well favoured with this world's goods, and the branch of A—— was no exception.

One day there came to me a young member of that family, who has since become one of my best friends. In those days I had never met him. But he was smoking too much, and a mutual friend suggested that, as he could not help himself, I might help him. So I put him to sleep and suggested that he should limit his smokes to so many a day.

Apparently all went well, for I did not hear from him for many months, and then he returned with a totally different tale. This time it was drink. Not that he got drunk; he didn't. But he had a large circle of friends, to go the pace with whom was too much for his pockets. Nor did he want to spoil his wonderful figure by getting too stout. Would I please make him a teetotaller? If I did it would help him to save his face. Besides, he had tried and failed.

"In fact," he said, "so keen am I, that I am prepared to be sick every time I touch a drop."

Given his consent to such heroic measures, my task

was easy. I put him to sleep, imposed the ban, and suggested the consequences of tasting even a mouthful. He believed, but his friends did not. One day, when a party of them was leaving Charing Cross, and had to wait for a train, they prevailed on him "to have just one". He did. Half an hour later, in the train, he was violently sick. It was no coincidence, for to test the matter he tried the experiment on three other occasions. There was always a similar result.

The lesson kept him to the straight and narrow path, but as time went on he changed his job. In his new position he had to attend trade and public dinners, and, as he pointed out, in such entertainments, without temptation, the need for the strict embargo had passed. Besides, he was now earning a better salary: could I help him ?

I said I would try, and between us we hit upon a plan which has been working well for three years or more.

To-day, when about to go out to a dinner, he comes to me an hour or so previously, goes to sleep, and I lift the total ban, and impose a specified limit. And he is *incapable of taking more than I allow.* The following day he comes back, and I reimpose total abstinence.

I have seen men who have agreed that I shall impose a total ban reach out their hands for a drink and be unable to pick it up ; and I have seen A—— accept a cigarette beyond his allowance and forget to light it.

But note : I could not have achieved this had he not been willing to help. Scientifically, it was he who achieved it himself. I merely showed him the way.

Perhaps I may add the testimony of a gin-drinking patient I had about two years ago. She went abroad even before I felt I had cured her, and after a lapse of

a year or so I received a letter from her in March last year: "Since my return here," she wrote, "I have not touched a drop of 'mother's ruin'. I give you all the credit. Somehow I feel I simply can't take it. The thought nauseates me."

Her condition when she came to me was so low that I advised her to take a glass of wine for lunch, and even, if necessary, a little brandy, when the need of a stimulant was urgent. And I knew that in so doing I was not paving the way for another drink habit, because her subconscious mind had accepted the proposition that drink was not good for her except as medicine, and that she would not abuse the exception.

After stating that she takes the wine at dinner only, and takes a little brandy only in extreme emergency, she continues: "I am hoping for great results, and in time hope to be able to tell you that I don't take a thing to drink at all. . . . I only regret that I left London so soon. I feel that you would have made me into a new woman had I been able to remain."

By what other method of drink-cure can one allow the patient to drink without supervision, and yet be sure that he or she will not slip back into a worse state than before?

Within the last few months a case was brought to me which promises to be among the most interesting I have ever had.

It is that of a woman of middle age who for years has been a drug addict. Now, in all my other drink and drug cases I have only been able to achieve a certain cure when the subject has gone to sleep. In this case the woman, for some reason or other, will not—or cannot—go into the sleep state, nor was I able, on the first three or four occasions on which she came to see

me, to get full control over her even in the waking state.

She remained, as Arnold Bennett remained, in a state of semi-sleep. But even so, I was able to do a little. She herself accepted my suggestion, and every time she came was able to report that she had given way less and less in the interval.

On the fifth visit I secured almost full waking control, and for a short time was able to keep her in the chair, despite all her efforts (at my command, of course) to get out of it.

I then managed to do in about three minutes more good than I had managed to achieve in all her previous visits put together. When she came a week later she told me that for the first four days she had had no craving for drink at all, and that even on the last two days her longing for it was easily overcome by a little effort of will.

Progress after this was rapid. She went from strength to strength. To-day she comes to me only once a month for her "refresher", as she calls it, and I have no doubt that she will never give way again.

In this case also the patient is allowed a certain amount of latitude, and she has never exceeded the allowance of drink that she and I together fixed.

A few months hence she is to be put to a crucial test. She is to go abroad for six months. Despite all the flights of fiction fancy, I can then exert no influence over her ; but I am certain that she will come through her test unscathed. She is to-day working her own cure, and I see no reason why she should not continue to do so.

CHAPTER IX

HYPNOSIS IN EVERYDAY LIFE

Memory—The actor who forgot his part—Habit—Ambition — Power — Self-confidence — The student who was "rusticated"—Hypnosis and the artist.

THE great value of hypnosis to the man in the street lies in the general application in his everyday life.

From one point of view the cases I have quoted may be regarded as show cases—they are, one might say, the "major operations" in a wide practice. But they were definitely chosen on an *a fortiori* argument ; if hypnosis can achieve such results in such unusual and stubborn cases, how much more likely is it to be able to cure the ordinary functional ills from which man suffers.

And I would stress this point also : the cases I have above quoted are fundamentally the same as the simplest case of nervous disorder one can imagine. The subconscious mind was not performing its normal function. I simply restored it to its proper sphere in life.

But the subconscious mind plays an enormous part in the life of every one of us, even though we are in perfect health. We use it in a hundred ways. Do you wish to impress someone with the power of your personality ? Do you try to cultivate your memory ? Do you try to develop your personality, your power of concentration—in short, do you strive in any way to improve yourself or master your will power ? If

you do, you bring into play, not your brain, as is commonly supposed, but your subconscious mind.

Memory, though it is not generally realized, lies in the subconscious mind—the memory of the subconscious mind is so exquisitely developed that nothing one has ever done or thought is ever forgotten by it. Whether in our normal waking state we can bring the subconscious to our aid, and make it produce for us from its hidden store the particular thing we require, is another matter. We know, in fact, that we cannot. 'We forget'! But that is only because we have not brought our subconscious mind completely under subjection. Indeed, perhaps that is impossible, for in that case our will would be paramount, and we should be able, I believe, to ward off death itself.

I have made repeated experiments in the matter, and the deeper I probe the more I am convinced that the subconscious cannot forget.

I have put people to sleep in a variety of conditions, and always they have responded to the most rigorous memory tests I could devise.

They have told me of the happenings of their childhood, of which in their waking state they were entirely ignorant; they have recalled in detail episodes of their lives so long forgotten that they could not even recall them when later, in their waking state, they were reminded of them by friends who remembered the details. I could multiply such cases by the hundred, but for the moment let a single one suffice.

It is of an actor who came to me one day for help.

At forty-eight hours' notice he had been called upon to play the part of Macbeth, and as he had played it a few years previously he had had no doubt that he would

rub it up easily. In the meantime, however, he had had a bad nervous breakdown, and to his dismay found that the part would not "come back" to him. He had already spent much of his valuable time trying to learn the part, and had failed. Could I help him ?

I put him to sleep, and then, reaching down a Shakespeare, told him that I would read every other part in the play, and that he would act—not recite, act —Macbeth. "And," I concluded, "you will know every word."

He went through the part "word perfect" ; in fact, so accurate was he that when I read lines which had been cut in his version as acted four years previously, he broke in on me and told me where to continue.

I do not think that I have ever seen a more inspired Macbeth than he played in my consulting room. His performance next day was equally inspired, and I am still wondering to what extent *he was* Macbeth, as distinct from an actor playing the part, and what his subconscious mind did in that time during which it was directly controlled.

But the point I want to stress is the act of memory performed.

And now, for a moment, consider habit. The connection will become more apparent as the argument develops.

Physiologically, habit is simply the furrowing of a tract in the brain by a repetition of certain acts or thoughts which repeatedly stimulate certain centres in an identical way. That, at least, is the physiologist's and the psychologist's view. I prefer a different outlook. Habit, I believe, is simply the adequate learning of a given lesson by the subconscious mind, which, when the brain warns it that certain actions have been done,

instructs the reflex muscles to act in a given way without the conscious operation of thought.

Habit thus comes into line with sleep-walking, blushing, blinking, when a foreign body approaches too near the eye, or any of the hundred involuntary reflex actions which occur so frequently in our daily life. These actions have always required a number of separate elaborate explanations to bring them into the sphere of life. The theory of the domination of the subconscious mind alone suffices to embrace them all.

To go a step further. Our lives are to a large extent ruled by habit—indeed, if they were not, it is probable that we should never get through half our daily tasks in the twenty-four hours available. To a large extent the more automatic our acts become the more time we have for other things. Who of you can tell the exact order in which he dresses in the morning? Or undresses in the evening? Yet the probability is that these two operations are performed in exactly the same order, and it is likely that only when that order is interrupted by some extraneous circumstance any thought is given to the operation at all.

Habit, as James picturesquely puts it, "is thus the enormous flywheel of society; its most precious conservative agent".

But if my theory of the brain be correct—that it is simply a receiving set to translate for us the commands of the universal or subconscious mind—it follows that it is the subconscious mind which is the directing force of habit.

And this theory falls into line with, and is embraced by, all the other facts known of the subconscious, through the science and practice of hypnosis.

What we most ardently desire is communicated most forcibly to the subconscious. What we repeat to the subconscious time after time is communicated still more forcibly. The subconscious, in bringing forth these things for our enjoyment more rapidly than those which have been less forcibly communicated, is simply fulfilling its normal function. Stripped of its distractions—when, in other words, a man is in a hypnotic sleep—the subconscious will render up with equal readiness, as we should expect, those things which have been forcibly communicated, and those which have been communicated less forcibly. In a vacuum a piece of lead and a feather will fall with equal speed.

Here, then, is the genesis of all will-power, personality, memory, self-control. A man can be whatever he wishes—provided that he wishes it sufficiently ardently. The measure of his success depends entirely upon the amount of forcefulness with which he has communicated his will to his subconscious mind.

Memory is, after all, only a matter of selection. We can remember one thing and forget another. It is a truism that we remember those things which have most vividly impressed us at the time. Memory is also an act of association. How often will one thing raise a whole train of thought in our mind—the scent of a violet, it may be, recall a day spent in the country long, long ago. Again, how often do unexpected and trivial remembrances crop up in the most unaccountable way, years after their occurrence? Occasions which perhaps have never been remembered from that day to this. But where have they been stored all this time?

That is a question psychologists cannot answer. But admit for a moment the fact that the subconscious

mind never forgets, however slight the thing, and we get a new starting ground of enquiry.

If the subconscious has retained that incident, its production is not to be wondered at ; and a little keen analysis will generally soon evoke the associations which led to it. It has lain in the background, not because it was not there, but because there was no method of approach to it through the distractions of everyday conscious life. Only when we eliminate those distractions in hypnotic sleep do we get at the subconscious, and then, as I have said, we find imprints of that forgotten episode, no longer hidden, but ready to come forth in all its detail.

It follows, then, that that man has the best memory who can most forcibly communicate with his subconscious : that man the most dominant personality who can most readily command his subconscious. Perseverance and courage are required in the development. It is no use merely wishing. The subconscious cannot be tricked by lip service. "A man is as he thinketh in his heart"—and the important words are "in his heart".

Control yourself. You are your own greatest enemy. Let "I will" replace "I cannot". No man ever achieved anything on a negative policy. He who never makes a mistake, never made anything. A man contains his own salvation within himself. It is simply a case of mind—the subconscious mind—over matter. That is the great and fundamental lesson of the cases I have quoted.

In a perfectly organized man there would be no need of an hypnosis practitioner to achieve a cure. The man himself could will his own. All that I can do he could do himself. But this world is not perfectly

organized. Doubt creeps in. Hence the hypnosis practitioner is necessary to disperse the extraneous attractions and fears, and speak direct to the subconscious.

We all of us know how the mere presence of some people encourages us, and how that of others depresses us. That again is simply an example of the working of the subconscious mind. We receive their suggestion, consciously or unconsciously. A book such as *Self Help* may achieve a similar result. We are creatures of environment. Our subconscious mind is the most sensitive of all receiving instruments, and it reacts to external influence even without our knowledge.

Here, then, is the secret of the development of character: master the subconscious. From it spring ambition, interest, memory, ability, perseverance, personality, self-respect. The battle may be hard and long, but it may be won.

Henley knew the truth of it, for he wrote:

> I am the master of my fate,
> The Captain of my soul.

For soul, as I have demonstrated in an earlier chapter, read subconscious mind, and his words become even more pregnant with meaning than they are popularly held to be.

Early last year I read of the particularly sad case of two young University students who had been detected of unfair practices in an examination. They were brothers. One was brilliant, the other was not, and the clever one had somehow managed to do the other's papers for him. The imposition was discovered, and both were sent down.

This is a typical case where hypnosis could have helped.

That young man need really have had no fear. Had he come to me, and had I been able to put him to sleep, I could have recalled for him all he had read—if he had read anything—for his examinations. I could have increased his powers of concentration, have made his memory retentive, and he might have gone to his examination with the certainty that whatever knowledge he had acquired, however much he had apparently forgotten it, was ready at his command.

Make no mistake, I cannot produce what is not there, I cannot give a man knowledge which he has never acquired. The subconscious mind is like a sponge of infinite capacity. It retains everything. I squeeze it as required.

I have had innumerable successes with young fellows who have come to me a short time before examinations. They all have the same tale—all games and no work. Oh yes, they have read a fair amount, but somehow what they have read doesn't stick.

The procedure is quite simple. I put them to sleep, and suggest that all they have read they will remember (and by remember I mean recall at will : for we all of us remember in the sense that we have the knowledge if we can recall it ; memory has these three phases, the reception of the picture, its retention, and its recall at will)—all that they read in future if they only will read with thought, and not blindly.

Clergymen are frequent visitors to me. They want greater powers of preaching, more self confidence, a greater power of persuasion and better powers of leadership. Something is wanted deeper and more far-reaching than mere waking suggestion. Timid souls ! "A man is as he believeth in his heart." They preach, but they cannot practise.

Almost invariably—always if they can go to sleep—they go away with their object achieved. Such things are simple to the subconscious mind.

I have said above that I cannot create talent. But I can improve it. I have found that a violinist, when in a hypnotic sleep, can play a given piece of music far better than she could in the waking state. One young fellow of my acquaintance, an enthusiastic pianist, found himself almost debarred from progress by an utter inability to read at sight. To learn a new piece was a penance. He had to work at a bar at a time, pondering over every chord. His disability was almost unbelievable. In him I achieved an enormous success. While asleep he was made to play the piano, reading at sight first easy pieces and then gradually working up to the harder compositions of the type he was learning. While in these hypnotic sleeps he seemed to find no difficulty in reading at all—"seemed", because I was not sufficiently a musician to follow him into all the techniques of Beethoven and Brahms—and when I woke him up after suggesting that he would find no further difficulty when he was awake, we found that the power remained with him.

I have an author friend whom I have already done a small service. He is anxious to try an experiment. His plots, always intricate and carefully thought out, are the strong part of his books. He wants to see whether, in a hypnotic sleep, he may not achieve an even better plot than those he works out in normal consciousness. If he succeeds it is possible that he may decide to write a whole book under hypnotic influence. It is an experiment I eagerly await.

Again, perhaps I may quote the independent testimony of Dr. Brown. He was speaking in 1930 at

the Church Congress, and there, in an address, touched on hypnosis and everyday life, illustrating from an experience of his own the power of hypnosis to improve in a person a quality which was already innate.

Dr. Brown referred to the case of a well-known musician who had lost the power of concentration and the power to compose. I take the report from the *News-Chronicle* of October 9, 1930.

> "He came to me," said Dr. Brown, "for treatment, and, under the influence of suggestion, he recovered his power to compose. He fell away again, and came a second time, and it worked in just the same way."

There are some people who require to repeat a treatment after a lapse of time, but they are not many, and in my experience I have generally found that once a patient has been cured, the cure is permanent.

CHAPTER X

PAIN AND OTHER THINGS

The pain in the eye that became a blister on the neck—The dying colonel—Mental pain—Sorrow—Insomnia.

PAIN, physiologically speaking, is vibration, caused by too much or too little blood in a given part of the body.

Whenever an injury occurs, the nerves communicate with the brain, which in turn receives the message of the mind and interprets it.

"Pain," says the mind, and the consciousness of pain becomes apparent to us.

But it has been left to hypnosis to discover the truth that pain is nothing more or less than imagination. I have already told of the incident of my medical matinée, where, in view of the audience of doctors, I gave a sceptic earache, toothache and neuralgia. Pain, then, can be caused by mere suggestion. It is sheer imagination.

But it is an established medical fact that pain can damage or destroy organic tissue, and it has been proved that pain induced by hypnosis can have the same result, even though there was no injury or other disability to account for it.

It is a criticism levelled against the practice of hypnosis that it can be used for the alleviation of pain, and that thereby grave damage may be caused. No right-thinking man will dispute the judgment. Pain plays an important part in our lives. It is our danger signal.

It is the first warning we have that something is wrong with us. It enables us to perceive at the outset internal or external disorder, which, neglected, might well cause death.

To use hypnosis for the alleviation of such pain without attempting to discover and remove the cause of it, would be criminal.

I remember some years ago a man came to me with just such a case. He had an inflammation of one eye so bad that he could not open it ; and it was causing him great pain. He had had it for months, and the doctors he had seen could not diagnose it. It had failed to yield to such treatment as had been advised.

For some time I refused to treat him, for I did not know the cause of the swelling, and I did not want to cause a greater evil than the present one by an improper cure.

However, he refused to see a surgeon, and in the end I gave in. The question was what to do with the poison in the inflammation. It had, I felt, to go somewhere. So I decided to bring it out at the back of the neck !

He soon went to sleep, and I touched his eye, asking him if he knew how to take down the inflammation. Subconsciously he answered, "Yes", and I then told him that in three days the inflammation would all have subsided, but that in its place a big blister would come out in his neck, without, however, giving him any pain. As for the pain in his eye, that I abolished at once. I then woke him up.

His first words were, "Oh, I can open my eye" (a thing he had not been able to do before) "and the pain has gone." I then told him to come back in three days. He did. His eye was better, but he had an enormous bandage of cotton wool on his neck.

"Hullo!" I greeted him. "What's the matter with your neck?"

The eye, it seemed, began to get better at once. By this time the swelling had all gone. "But," he went on, "yesterday a great blister began to appear on my neck. It doesn't hurt, but it's been getting bigger and bigger ever since it appeared."

I then told him what I had done, and that he need not worry, as it would disappear as quickly as it had come, once it had been opened. We attended to it then and there. The next day not a sign of it was to be found.

Now, to a certain extent I took a risk in that case; I attempted to dissipate poison. It was not a thing I liked doing, but I did it only at the earnest request of the patient, and after explaining fully the difficulty with which we were faced. It may well have been that had I not drawn the poison out into the back of the neck, it might have dispersed over the body with no ill effects. I do not know. My medical knowledge is not sufficient for me to state. But I do know that I took every precaution I could, and that the man never suffered from a recurrence of it.

But there are cases in which the use of hypnosis is justified merely to relieve pain. More, it has power to assuage pain even beyond the power of drugs.

I do not know a better case to illustrate the complete subjection of pain to hypnosis than one which occurred to me some years ago.

A woman came to me to ask if I could do anything for her brother, who was dying of cancer in a town in the south of England.

He was, she told me, under the care of one of our most famous doctors, and it was only a matter of days.

Her brother was conscious, but so terrible was his pain that even the largest dose of morphia failed to bring him relief.

I rang up the doctor in the case and told him of the request. He was more than willing: "For," he said, "I can do nothing for him."

That afternoon I left London. I was shown into the bedroom. It was obvious that no human agency could save him, for, as I have repeatedly stressed, organic disease, except in so far as it depends on or is caused by functional disorder, cannot be cured by hypnosis. My one hope was that I might manage to make his last hours easier. But, racked with pain night and day, he refused all help; he would not even listen to me for a moment, scoffing at my suggestion and deriding the whole idea. I had stayed there three days before he would take the slightest interest.

"Why won't you go to sleep?" I asked him—"a quiet, peaceful sleep in which there shall be no more pain." But he scoffed still. He knew he was dying. Why could I not leave him alone?

So I tried to send him off, despite his resistance—and failed.

At last, as a joke, he consented to help me. "Just think of nothing," I said quietly—"just try for two minutes, and you will sleep."

"Right, go ahead, I'll try."

A few moments later I watched the hard-drawn lines of pain disappear from his face. He lay back peacefully on his pillows. I do not think even now that he went fully off into the sleep state, but I had conveyed the wish to the subconscious mind and it was sufficient.

He slept. So, waking and dozing, he lingered for one day more, and then, peacefully in his sleep, he died.

But from the time I left they gave him no more drugs, for he told them that his pain was gone.

But there is mental pain as well as physical pain, and perhaps it is easier to understand how it can be abolished by suggestion. We all use it to a greater or less extent when we strive to cheer up a fellow-being who is sad, or to stimulate to yet greater efforts one who is in need of encouragement. But the mental pain to which I am referring is rather greater than this. It is that acute mental anguish which is the torment of the damned.

Religious mania is such an anguish; temporary derangement through jealousy or unrequited love is another form. Such depressions afford to the hypnosis practitioner his most difficult cases.

One of the ignorant prejudices against hypnosis is that "it is the triumph of a stronger will over a weaker", and it is argued, *a fortiori*, that weak-minded people may fall an easy prey to a hypnotist who would use them for his own ends.

Nothing could be further from the truth. The best patient, from a practitioner's point of view, is the man of strong will. The mad are, for definite physiological reasons, incapable of being sent to sleep. If I could send a mad person to sleep I could empty every asylum in the country as quickly as I could visit them. But I have never yet succeeded in putting a mad person to sleep, and I doubt if anyone ever will.

Weak-minded persons come between the two classes. It is a toss-up whether you succeed in putting them to sleep or not. To go to sleep needs a great amount of concentration. Weak-minded persons are incapable of it as a rule. To think of nothing is a difficult matter.

They try it in their own way, but the effort is a poor one. At times one feels one is getting hold of them, as it were ; then they realize it, rejoice in the fact, and that very rejoicing brings them back into a state of consciousness in which I am to all intents and purposes powerless.

People with hallucinations come into this category. But the strange thing is how readily, at times, one can communicate direct with their subconscious minds when they are in the waking state.

I remember a parson coming to me one day. He was a man only just past the prime of life, but a more abject picture of misery I have rarely seen. He sat in my room, buried his face in his hands and remained motionless. I tried to cheer him up, but, like Rachael, he would not be comforted.

At last, emerging from his mood, he looked up and said solemnly, "I am a lost soul."

"Thank God!" I exclaimed with a laugh. "Is that all?"

As though galvanized into life, he sprang from his chair and, towering over me where I sat, raised his clenched fists in the air as though to strike me. So he stood for a minute, while I watched.

I waited for the blow to fall, and, when he seemed to hesitate, quietly told him the story of my days at Cuddesden College and of the message in the paper—"Christ is not looking for credentials from you and me ; He is looking for wounds to heal."

"Repeat that," he said ; and, when I had done so : "Now I am ready—what do you want ?"

"Sleep," I replied, "Just sleep peacefully, and find your soul again."

Set down thus in writing, the incident seems out of

place. But of all the cases I had through my hands, few have left such a lasting impression on me. Medical practitioners have to do with the ills of the body. Here, it seemed to me, was balm for the soul. Whether I could have put this man to sleep had I been allowed to try as soon as he came into my room, I cannot say. I rather think I could not. His acceptance in the waking state of my tacit suggestion was strong, and it might have helped him to win through. But the suggestion conveyed to him when he was asleep left no doubt as to the result. He left a different man, nor, when he wrote to me some years later, had he ever suffered a recurrence of the hallucinations which were surely driving him insane.

There is nothing wonderful in this; such things follow automatically if there is in the science of hypnosis even half of what, in my experience, I have found in it.

Sorrow, anguish, irritability, insomnia, ungovernable temper—all mental attitudes yield readily to suggestion if only the patient is able to listen and to trust. But it is in the very nature of things that the worse the mental condition to be cured, the greater the difficulty in obtaining, even for a short time, that quiet peace through which alone the sleep state can be induced. Often in such cases I have found it impossible to obtain success at the first trial. Many attempts are sometimes necessary; but the result is worth while, for the sufferers are only too often men and women who are above the average in intelligence and character.

CHAPTER XI

SOME MISCELLANEOUS CASES

The man who wanted a cure undone—The lady cured at a party—Driver Martin—Cure of a woman nine years paralysed—Hypnosis and Birth Control.

It all happened through my being in a hurry. If I had not run out of the house I should not have seen the man sitting on my doorstep ; I should have fallen over him and knocked him down too, and then this story would never have been told. But all those things did, in fact, happen.

I picked myself up quickly and was about to give the man a few salutary hints as to proper public resting-places, when something in the way he was attempting to regain his feet stopped me short. He was blind.

Taking him by the hand, I lifted him up, and, seeing that he was badly shaken, took him into the house.

His story was soon told. He had been a mechanic, I think, before the war, but during the war he had been shell-shocked, with the result that he had lost his sight. All sorts of operations had been performed, without results. Whether or not he had a pension I do not know, but so far as my recollection goes, he had lost it for some reason or other, and his only means of living was begging.

"I wonder if I can help you ?" I asked him. "I am not a medical man, but I have a sort of practice ; in fact, I've treated many men suffering from shell-shock,

and have even cured people who were blind from birth. But all my medical work is done through the mind of the patient."

He was keen for me to try what I could do, but was rather taken aback when I told him all I wanted him to do was to go to sleep.

However, he was soon off, and when I woke him up, half an hour or so later, he could see, though imperfectly. I rang up a hospital, and soon he was fitted with a pair of glasses.

There, so far as I was concerned, the matter ended, but ten days or so later he turned up at my house. I expected to see a jubilant man, rejoicing in an ever-increasing power of sight, and perhaps a job. Imagine my surprise, then, when, on seeing me, he burst out :

"Here's a damn fine thing you've done ; you've ruined me."

"Ruined you ?" I asked. "How ?"

"Nearly got me run in as an impostor," he replied ; and then he went on to give me details.

It seems that he had at once set about finding a job, and of course had failed. He was not entitled to the dole, and was starving. So, at last, in desperation, he went back to his old pitch. He had only been there a short time when a man came up who, once a week, used to give him half a crown. But to-day his benefactor discovered that he could see, and immediately jumped to the conclusion that he had caught him unawares, and that the "blind" man had been deceiving him all this time. Even the recital of the story left him only half convinced—as, indeed, well it might.

A policeman who knew him was the next source of trouble. He soon recognized that something different

was afoot, and even when he heard the man's tale, flatly refused to believe a word of it.

"And so," said my victim, "here I am, and what can you do ?"

I settled the matter then and there, so far as the police were concerned, but the man was a different proposition. As I pointed out to him, either I could try to get him a job, or, as I had restored his sight, so I could now take it away again.

And, believe me or not, as you like, the man hesitated! I could scarcely believe my ears.

"You mean," he said, "that you could make me blind again, so that I could go back to my old life ?"

"Yes," I told him. "But if you ask me to make you blind, don't ever come to me again and ask me to restore your sight. Don't be a fool. You will win through if you have spunk. There are thousands like you out of work, and, after all, if you are blind, you can never get a job ; always you will only have charity to live on. While you have sight you at least have hope."

Common sense gained the day, and then I gave him my last help. I again put him to sleep, and restored to him all his old craftsmanship, which he had not practised for so many years, and suggested a happy, confident outlook on life. He left a different man. Soon after, I heard that he had got a job in a garage and was doing well. Since then I have not heard of him.

Here, again, is quite an ordinary case, but at the time it earned for me a reputation which, on the merits of this case alone, I certainly did not deserve. That is the peculiar paradox of my profession. Often the cases of which I am most proud are the least

spectacular, and the most spectacular cases the most simple.

This case was that of a woman well known in society and in the hunting field. A serious fall some eleven or twelve years before I saw her had left her with such an injury to the arm that she had had to wear it in a sling ever since.

Her horse, it seems, had rolled over her and fractured her elbow. It had been set by a London surgeon, but for some reason or other she had never been able to bend it, or move the fingers freely.

Radiographs showed that the bone had been perfectly set, but massage, electrical treatment, and all the resources of medicine failed to give her back the use of it.

I met her accidentally at a party in London, and it was during the evening that I learned her story.

"Now," said my hostess, "here's your chance. Why not cure her ?"

I think I should have declined the suggestion had not my hostess's husband been there to lead the little crowd of sceptics. It rather put me on my mettle, and I said I would have a talk to Miss ——.

We went into another room, and I learned all the facts.

The cause of the trouble seemed obvious. It had, in fact, been quite correctly diagnosed by the doctors. The main leader had become contracted and had set the arm. It seemed to me quite a functional disability.

"Will you go to sleep ?" I asked her. "Then perhaps we will give them a surprise."

She was an easy subject. In a few minutes she was lying fast asleep on a large divan.

"Now shoot out your right arm to its full extent."

She did so. I heard a sharp "crack" as the lesion went; and then I let her rest with the arm lying extended beside her.

After a time I put the cure to the test. The muscles, after so long disuse, were weak, though not emaciated. I tested her out by a few physical exercises, and made her lift a few light articles.

Her arm functioned normally, and she felt no pain.

I gave her some more exercises, making her bend the arm and shoot it out straight, clap her hands, play imaginary five-finger exercises on an imaginary piano, and then, after a rest, woke her up.

She rushed into the drawing-room to join the others, well ahead of me.

"Look here," she shouted, waving her arm about, "will you believe now?"

And then, for their benefit, she went through a short series of physical jerks.

I don't think I have ever seen a roomful of people so surprised as that one, and I may add that my host, who had up to that time looked upon me as something worse than a charlatan, is not only a close friend to-day, but invariably brings me any of his friends whom he thinks I can help.

In recounting these cases from my experience, I have refrained from mentioning the names of my patients except in those cases which attracted the attention of the Press at the time, and in which the names have already been made public.

Such a case was that of Driver John Martin, R.F.A., who lived at Balham. His case was investigated by the *Star*, and reported in that paper on April 11th, 1916. The report runs:

Driver Martin was blinded by shell shock during the battle of the Marne, and was in hospital for four months. Then he was admitted to St. Dunstan's Hostel, Regent's Park, and taught to read and write by the Braille system.

For eight months Martin has been going about apparently incurably blind, until a few months ago he was sent to Mr. Alexander Erskine, who has been successful in other cases where no serious lesion had occurred, in restoring sight by hypnotic suggestion.

Mr. Erskine discovered that the effect of the shell shock had been to contract the muscles governing the eyes, and to drive the eyeballs backwards.

Everything had been done in hospital to counteract this, but without success. Under hypnotic suggestion the contraction of the muscles instantly relaxed. Martin, however, was still blind, and another powerful suggestion was given, which resulted in the return of his sight.

The man was quite overcome with his emotion at discovering that after he had almost given up hope he was able to see again.

The case is the more interesting because there may be a number of cases such as this, where hypnotic suggestion may be equally successful.

May be? There are. In every case where there is no organic disease or injury of the eye, sight could be restored by hypnosis. It is simply a question of connecting up the muscles and the nerves, and that the subconscious mind can do without difficulty.

This case of Martin indeed furnishes a remarkable instance of the way in which suggestion acts on the subconscious mind. The *Star* is correct in its statement that even when the muscles had been relaxed Martin could not see. The fault was mine.

It was an eerie experience to bring this man back to health. I did not know when first he came to me the exact nature of his blindness, and even then it took me some time before I realized that his trouble was muscular.

When at last he was asleep—in the deep sleep—I

made him open his eyes, and it was the back of the eyes, and not the front, which I saw. His eyes had been turned completely round. The strain of returning them back was enormous. Even in his trance he shivered with an ague, and all the time I had to watch those bloodshot balls slowly revolving to my suggestion. I dare not let them turn too far or too quickly. I remembered to tell him that he would be unconscious of pain. But in my anxiety I forgot to tell him that he would be able to see when I woke him up.

The result was that the subconscious mind did what I told it and nothing else. There is no sight in the eye alone ; the eye is only the attribute of the subconscious mind. I had given no suggestion of sight ; the eyes were in their correct place ; they were ready to function ; the man was in the position of Gertie Yates when she first came to me.

The defect, however, was soon remedied. Martin went to sleep again, and the necessary suggestion of sight was given with complete success.

In January 1917 the *Kelso Chronicle* reported a very different case which they investigated. Their report runs :

His most recent case, brought to a triumphant conclusion despite the prognosis of several specialists in Edinburgh and London, is that of Mrs. Norman Macdonald, wife of Mr. Norman Macdonald, a shoemaker by trade, who belongs to Edinburgh, but who for the last two years has resided at Abbey Court, Kelso.

Mrs. Macdonald has suffered from paralysis for nine years. Under hypnosis Mr. Alex Erskine instantaneously eliminated the paralysis, *i.e.*, established what is known as co-ordination of the nerves and muscles. After eight treatments she was enabled to use her feet and attempt to walk.

"Unfortunately," said Mr. Erskine, "in her nine years of enforced idleness she had forgotten how to walk ! She

tottered about like a little child, and had to be taught all over again."

Mrs. Macdonald returned to Kelso, and about a fortnight ago was so far recovered that she had been for a walk of half a mile with the aid of her husband's arm.

The gratitude of Mr. and Mrs. Macdonald is great, more especially as the former had misgivings about the value of hypnosis as a medium of cure for a complaint hitherto considered as incurable.

There is nothing more to the case of Mrs. Macdonald than there is in any of the other cases I have given. I have quoted it because its authenticity is publicly established by an independent witness.

A point, however, that may be stressed is the length of time which had elapsed from the incident of the disability to the cure, and that the complete return to power was not, in this case, instantaneous.

As I have repeatedly urged in these reminiscences, I am no worker of miracles. My act is the practice of a science. All true sciences work along well-defined natural laws. I have simply delved more deeply into a certain set of those laws than most other people, and in the practice of them I have been hindered by no personal prejudice. I have just followed them out logically. That they astonish the ignorant is nothing to wonder at. Everything that is new will find opponents—particularly if it touches someone's pocket.

To return to the case of Mrs. Macdonald. The subconscious mind functioned, after a lapse of nine years, in precisely the way it had functioned previously. The mind, then, was not "dead" as her limbs were. But the mind must have lived or existed somewhere. She, in fact, used it, if my theory is correct, in other ways, for she thought, saw, heard, smelt, tasted. She could even use certain muscles She could, then, use her

subconscious mind in the same way but only in respect of other parts of her body.

In other words, the subconscious mind was "alive" for nine-tenths of her, but "dead" for the other tenth. I have elsewhere argued that the subconscious lives outside the body and that it may not die when the body dies. The fact illustrated by Mrs. Macdonald seems to me another important point in favour of the theory.

For if the subconscious mind can be dead in respect of one part of the body and yet live, why cannot it live when all the body is dead, especially when, as we have already seen, it exists apart from the body ?

Again, if, as I have suggested, the subconscious mind never forgets, we should expect it to function in a given way after a given set of conditions, even though there had been an interruption of indefinite length. And that, in fact, is what we do find. In Mrs. Macdonald's case it functioned after nine years.

That Mrs. Macdonald could not walk at once is not to be wondered at. As I have repeatedly said, I cannot put into the physical being physical material. I can only work with what is there. Mrs. Macdonald's muscles had disappeared through disuse. I could not give her strength. That would have been to give her tissue. If I could do that, I could add inches to a man's stature, or turn a giant into a dwarf ; could make a deformed arm whole, or make an amputated leg grow again—a thing I was once asked if I would do !

Mrs. Macdonald's recovery was in her own hands. She had to develop her lost muscular power. I could —and did—give her the will to do it, but, having done that, my work ended. It was the same with little Arthur. I restored the co-ordination between mind and muscles ; it was his task to redevelop his muscles.

He, indeed, furnishes another example of the perfection of nature ; for when I had restored his lost power, his arm began to grow again, and to develop new tissue at a far more rapid rate than the one which was sound.

I have cured some hundreds of cripples in the course of my practice. Some respond instantly to the treatment. I have known men—particularly men invalided in the War—walk into my rooms on crutches when discharged from the Forces as incurable, and walk out again, leaving their crutches behind, never to need them again. Others, like Mrs. Macdonald, require a number of treatments before a cure is achieved.

That, however, is generally because they cannot, for some reason or other, go to sleep. I have never known a case of a patient who went to sleep where the cure has not been instantaneous or complete.

The hesitancy about going to sleep is remarkable when one thinks of it. It is, I suppose, the innate fear of the unknown which deters. Yet there is nothing unnatural in it. Hypnotic sleep differs in no way, physiologically, from ordinary sleep. Mentally, of course, there must be a difference. I have tried to communicate with the subconscious mind of a person in an ordinary sleep and have only succeeded in waking him into consciousness. Yet the subconscious mind was there, for how else is one to account for sleep-walking and the acts which people do in their sleep ?

But the sensations of slipping into a hypnotic sleep and an ordinary sleep are identical. There is the same feeling of rest and peace ; the same slipping down . . . down . . . down . . . into complete repose till all worry and anxiety disappear and unconsciousness supervenes. Just that and nothing more.

It is not to be thought that I have enumerated every case in which medical hypnosis can be of help to mankind. It would, indeed, be impossible to do so, for it can be of use in every functional illness, and in as infinite a variety of ways as functional diseases themselves vary from one patient to another.

When I first thought of writing this book it was not my intention to touch upon its use in birth control, for it seems to me that, however right and proper such control may be in certain cases, the indiscriminate practice of it can do nothing but harm to the nation.

On the other hand, when economists express the view that we are over-populated, when judges are found to advocate the changing of the law in regard to the crime of abortion, when practical eugenists and Christianly-minded people are found to advocate the sterilization of the unfit, and when the medical profession itself endorses the arguments, it may not be out of place to point out what medical hypnosis can achieve.

The general question of sterility, so far, at least, as the female is concerned, presents no difficulties to hypnosis. Conception is functional. It can be prohibited just as surely and as easily as drink or drugs can be prohibited. It can be excluded from possibility, permanently or for a specified period, and the ban on it can be removed at any time without ill effects.

The only difficulty experienced in the sterilization by hypnosis of the unfit is that of sending to sleep the feeble-minded person. I know that certain practitioners and writers on hypnosis profess to be able to secure control of the feeble-minded. It is a thing I have never been able to do, and the writer on hypnosis

in the *Encyclopædia Britannica* agrees with me that they are among the most difficult of all patients—if, indeed, they are not impossible.

With the hypnotic treatment, no operation is necessary. There is no interference with normal sexual life. Desires are normal. There is no interruption in functions. The only pre-requisite is that the patient should be willing for the new conditions to prevail at the time the suggestion is made ; and, as I have said, if at any time it is desired that the ban should be removed, its removal is as easy as its imposition.

But there are thousands of married people in this country who, while medically unfit, are not mentally deficient. Take consumptives, for instance. In a social state, even moderately eugenically organized, it is possible that sterilization for either one or both of them would be compulsory. In such cases hypnotic sterilization could achieve without pain or trouble all that was necessary to safeguard society without destroying or impairing in the slightest degree the sex lives of either.

Or again, there are those cases in which, on medical grounds, more child-bearing is prohibited. The lives of such women, as all medical men know, is one long purgatory. Always before them is the dreaded nightmare of pregnancy. Control may be exercised, but there is no control known to medical science to-day which is infallible. Complete abstinence may be desirable, but it is too often accompanied by nervous disorders and consequent unhappiness.

Law and the medical code combine to make hell of the lives of such people. Only when childbirth would, in the opinion of the profession, be a grave danger to the life of the woman may pregnancy be legally

interrupted, and even then certificates are required from two independent physicians of high standing before any reputable gynæcologist will undertake the operation. Permanent ill-health is no warrant. Nothing less than a grave risk to life counts.

Anyone who knows anything of the conditions of Harley Street knows how great is the number of women besieging the consulting rooms of gynæcologists there, begging that a pregnancy may be interrupted.

"If I could take one case in fifty," an eminent woman's surgeon said to me not long ago, "I could make a fabulous fortune in five years. These women are often prepared to pay anything for the relief they ask. Five hundred pounds is by no means an unusual offer. The wonder is that, with such a demand, the supply has never risen in response. It says much for the integrity and right-mindedness of the profession."

It is in such cases that medical hypnosis succeeds where medicine fails. The production of abortion is as simple as the achievement of sterility. The former has been performed abroad, and I have, under a doctor's certificate, achieved the second in England.

The woman concerned had had four children, and in the opinion of two eminent gynæcologists, must have no more. It was not one of those cases where there was a grave risk to life. Permanent ill-health was rather her lot if she had another child.

Her own medical adviser sent her to me. I put her to sleep, and made the appropriate suggestion. She was still quite young—well on the right side of thirty—but she had no more children. By her own will, conception became an impossibility. So it is in all such cases.

Of the power of hypnosis to secure sterility in the

male, I cannot speak. That it could reduce a man to impotence is certain. But whether it could enable me to sterilize a man while allowing him otherwise to retain his full physical powers, is a matter on which I am unwilling to express an opinion.

CHAPTER XII

THE CHURCH AND FAITH HEALING

Our common ground—Hypnosis and the scientific aspect of faith-healing—The 597 unbelievers at Lourdes—A hope for the future.

EARLY last year the question of Faith-healing and Unction was discussed in the Convocation of Canterbury. Some of the statements made there are pertinent to the subject-matter of this book.

One question raised was whether or not Unction should be repeated.

The idea of not repeating Unction in the same illness, one of the speakers pointed out, was late mediæval. In primitive times it was done as many times as was thought desirable.

"Psychologically," he went on, "the reason for this is that if it is done more than once, you get deeper and deeper into the unconscious, and the effect is more lasting."

For "unconscious" I would substitute "subconscious".

Prebendary Harris was the speaker, and in the further course of his speech he proceeded to illustrate both the effectiveness of the rite and the necessity of repetition. The *Morning Post* thus reports what he said :

"I was called in to visit a woman suffering most terribly from cancer. It was a hopeless case, and she was enduring great pain ; but she had faith. I said that I could not hold hope that the cancer might be cured, but that with faith the

pain might be relieved. The woman was first confessed, then communicated, and then anointed.

"At the very instant of anointing she was relieved of pain, and the relief continued for a whole month. At the end of the month the pain returned, and, having then the belief that I should not anoint twice, I let her die in great pain. Clearly I should have repeated the anointing. Now I always repeat it, with very helpful results."

The report continued :

The motion was seconded by Canon H. T. Knight, Vicar of Shortlands, Kent, who claimed acquaintance with the subject.

After the desirability of official services on several grounds, he added :

"For one thing, I want them as a bulwark against the growth of Christian Science. So far as England is concerned, there is no doubt that Christian Science is growing. It is carefully organized, and has so much financial support and vigorous direction, that it would be very difficult for us to deliver a frontal attack against it. Personally, I think we should try to get at the root of the good effected by Christian Science, and see whether we ourselves cannot effect it. There is nothing in their teachings. They are a farrago of inconsistent ideas that no human being could possibly accept. But there is something in their practical ways."

Canon Knight further stated that the dogmatic position of the consecration of oil for anointing should be made clear to the public.

"We want to make it clear," he said, "that the consecration of oil is like the consecration at the font—not like the consecration at the altar."

The *Daily Telegraph*, in its report, included the following :

Another resolution expressed the opinion that it was desirable that the compilers of the form of service should have regard both to ancient precedent and what modern pastoral experience and therapeutic psychology had to teach. It also asked that the need of mental and nervous sufferers, as well as of the physically infirm, should be recognized in the proposed form of service, and it urged that the findings and the suggestions of the permanent committee of clergy,

doctors and psychologists to advise the Church authorities should be circulated among the members of Convocation.

"The helplessness, doubt, and difficulty of the parochial clergy on the subject is quite pathetic," said Prebendary Harris. "I am continually receiving invitations to go about the country and show the clergy precisely how these rites should be performed according to the most approved methods. It requires a good deal of spiritual preparation. You want to tell the parish priest how he is to prepare himself and his patient. *It does not do any good simply to lay your hands on a man's head and expect something to happen, because it won't happen.*"*

Now approach the matter from the scientific standpoint of hypnosis ; read those statements in the light of the truths set out in this book. How simple it all becomes ! The woman with cancer ; of course the pain disappeared. She had *faith*. Prebendary Harris himself stressed the point. She believed *in her heart*. The confession, the communion, the anointing, by themselves would have achieved nothing. That they helped her, on the other hand, is obvious ; for they assisted in the task of getting her into a greater state of belief, and of increasing her power of receptivity for her own suggestion and that of the priest. There was no need for her to go to sleep. Her own faith and will were sufficient of themselves. It was she who banished her own pain. Had she been put into a hypnotic sleep and then received the suggestion that her pain had gone, an equal result might have been achieved without the sacramental preparations which we know were a preliminary.

On the dogma of the Church, I express no opinion. But Prebendary Harris made a vital point : "You require a good deal of spiritual preparation. . . . It does not do any good simply to lay your hands on a

* The italics are mine.

man's head and expect something to happen, because it won't happen."

He's right. Here, again, hypnosis and the teaching and practice of the Church meet on common ground. It is of no use my telling a man to sleep, or telling him when he is asleep that such and such a disability will disappear, *unless I believe it myself*, because it won't. That is one of the riddles of the subconscious. Not only must the patient believe, but the practitioner must believe also.

The reference to Christian Science is interesting. I am not a Christian Scientist. Such a statement is necessary because I am often thought to be one. Christian Scientists deny the existence of pain and illness. I do not. I know they exist. I overcome them by the power of the mind—a God-given power.

But this discussion on faith-healing in the Church is interesting for another reason. Linked up with it are the Lourdes pilgrimages. Last year, six hundred pilgrims went to Lourdes; three "incurables" were cured. Of six hundred people, three only believed sufficiently in their hearts, and "a man is as he believeth in his heart". I have often wondered since how many of the other five hundred and ninety-seven might have been cured had they gone to sleep and accepted suggestion. For note, all these cases of faith cures in church and at Lourdes are cured in the waking state. Here it is the patient alone who achieves the cure. The practitioner—priest or hypnotist—plays but a very minor part. Yet the principle remains: transmit the belief to the subconscious with sufficient force, whether it is surrounded by the trappings of religious preparation, or whether it is done quietly in sleep, and the desired effect must follow.

I am not decrying the work of the Church—and by Church I mean any organized religious body, whether Christian or otherwise. I accept Christ wholeheartedly and fundamentally. It may be argued that He Himself achieved some of His most spectacular miracles by His knowledge of the working of the subconscious—the soul of man. There are in the gospels innumerable quotations to substantiate the point, and there are passages in the inspired writings of St. Paul which can only be fully understood if one reads them with a knowledge of the truths of hypnosis.

What the next few years may see in the advance of the art of hypnosis as a healing power I do not venture to predict. It depends to a large extent, as I stated in the preface, upon the attitude of the medical profession. If they will abandon their present attitude of hostile neutrality, hypnosis may well become a commonplace of therapeutics within a decade. Thousands of sufferers from nervous ills may have new leases of life given to them without the dreary battle, mental and physical, now inseparable from recovery—health by "a wave of the hand". Surgery may benefit. Already, in France, even the great major operations are at Nantes performed while the patient is in a hypnotic trance, and the hideous aftermath of other methods is there avoided. After-pain is abolished and recovery accelerated ; no anæsthetic is used, and the operation is painless.

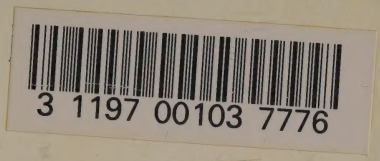
It would be possible to continue almost indefinitely the advantages of a proper recognition and practice of hypnotism. But the education of the public and the dissipation of the prejudice is not an easy matter.

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